Hawaii Child Welfare Services Statewide Assessment Report for the Federal Child and Family Services Review (CFSR)

State of Hawaii
DEPARTMENT OF HUMAN SERVICES
Social Services Division
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SECTION I: GENERAL INFORMATION

Name of State Agency
State of Hawaii Department of Human Services Social Services Division
Period Under Review
Federal Fiscal Year for Onsite Review Sample: 2002 Period of AFCARS Data: October 1, 2000 through September 30, 2001 Period of NCANDS Data: January 1, 2000 through December 31, 2001

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A. Overview

CWS mandate:

CWS is charged by state law– Hawaii Revised Statutes **(HRS) 350**– with the responsibility for responding to reports of alleged maltreatment, determining the safety of the child who is the subject of the report, and determining what initial response is needed.

Together HRS 350 [the child abuse/neglect reporting law] and **HRS 587** [the Child Protection Act] provide the legal basis for intervention into family life on behalf of children and for sound family-centered practice.

Together, they define the rights, authority and responsibility of the intervening agency.

CWS mission:

The mission of CWS is to assess and determine risk of harm to a child who is the subject of a report, assess the safety of the home, intervene to protect children from harm, strengthen the ability of families to protect their children and provide a safe family home, or provide an alternate safe home for the child.

We carry out the mission in accordance with the guiding principles and beliefs of strengths-based, family-centered practice and within the legal framework of our state & federal mandates.

Our vision:

- All children in safe, permanent homes with nurturing caregivers to help meet their basic and developmental needs.
- Services will be community based, appropriate and individualized to meet the needs of children and families, and help them attain their case goal.
- Practice will be strengths-oriented and family empowering because what happens to families depend on families - their choices/decisions and actions.
- Activities will be collaborative with multidisciplinary partnerships and evaluated by outcomes.

Goal 1: Improve outcomes for children

SAFETY

- Children are protected from child abuse/neglect (CAN) in their own homes.
- Risk of harm is minimized and safety is assured.

Performance indicators:

Reduce recurrence of CAN
Reduce incidence of CAN in foster care

PERMANENCY

- Children will have permanency and stability in their living situations.
- The continuity of family relationships, culture and connections will be preserved for children… for their social, emotional and spiritual growth and development, their sense of identity and self-esteem.

Performance indicators:

Increase permanence through completed adoptions.
Increase permanence through legal guardianships.
Reduce foster care re-entry.
Increase placement stability.
Reduce length of time to achieve reunification.
Reduce length of time to achieve adoption.

CHILD WELL-BEING

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.
- CWS foster youths will transition from foster care equipped with the knowledge and skills for life as independent adults.

Goal 2: Build a results-oriented organization.

- CWS policies will be continually reviewed, updated and communicated to staff, other agencies and the public to ensure that operating standards are in place, and children and families are provided quality services that protect children and promote permanency and child wel1 being.
- Staff will have the specialized knowledge and skills necessary to provide quality services.
- Design and operate a quality assurance system for consistent delivery of quality services.
- Improve automated case tracking and management information system to effectively inform policy and practice.
- Increase pool of well-prepared foster and adoptive parents to help provide protection and permanency for children.
- Maximize IVE funding.
- Build staffing capacity (sufficient staffing resources to deliver quality services).

B. Structure

The Child Welfare Services (CWS) Branch is under the Social Services Division (SSD) of the Hawaii Department of Human Services (DHS). It is a state administered program with services offered through 8 geographically assigned sections statewide: 4 on Oahu and 4 on the Neighbor Islands. The sections are staffed by 31 unit supervisor positions, 211 social worker positions, supported by 93 social service aide/assistant and family service assistant positions (almost 1 aide/assistant for every 2 social workers), with a 9% CWS social worker vacancy rate in SFY 2002 (and 16% in SFY 2003).

Generally, the units are designed to provide both assessment and ongoing case management services for specific geographic areas. Cases do not have to leave the unit when transferred from the assessment worker to the case management worker, since both workers are in the same unit. [This *"full-service"* unit structure is intended to help in reducing the disruption and lag time that were commonly experienced when cases were transferred from an assessment unit and assigned to a case management unit. This is important given the shortened decision-making timeframes of ASFA.]

There are also permanency and foster home licensing units serving specific geographic areas. The permanency units provide casework services to youth in foster care in order to provide permanent substitute placements and to enhance independent living skills. The units also provide pre-adoption, adoption, and post-adoption services to children and families.
The foster home licensing units recruit, study, and certify/license/approve foster and adoptive homes. They maintain an inventory of foster and adoptive homes, and recommend suitable homes to a child's social worker. They are responsible for re-licensing, and to orient and retain foster homes. The Diamond Head Foster Home Licensing Unit also licenses and regulates child placing organizations (CPO) and child caring institutions (CCI).

On Oahu, there are special services units for centralized island-wide intake, for the handling of sex abuse investigation and ongoing case management, for the delivery of home-based support services, and for IV-E eligibility determinations and eligibility for other public assistance benefits.

There may be some variations in the design for the Neighbor Islands, due to the lack of economies of scale.

4 Oahu Sections:

Special Services Section:
[Provides specialized services Oahu-wide]

- CWS Intake Unit
- Special Services Assessment Unit (handles sex abuse assessment Oahu-wide)
- Special Services Case Management Unit (handles sex abuse ongoing case management Oahu-wide)
- Foster Care-Income Maintenance Unit (handles IV-E eligibility Oahu-wide)
- Home-based Support Services Unit (provides home-based support services Oahu-wide)

Leeward CWS Section: **[Serves Leeward Oahu - Waipahu to Ewa to Leeward Coast]**	Leeward CWS Unit 1 (serves Ewa Beach, Makakilo, Kapolei, Waipio, Mililani, Nanakuli) Leeward CWS Unit 2 (serves Nanakuli, Maili, Waianae, Makaha] Leeward CWS Unit 3 (serves Ewa Beach, Waipahu, Village Park, Nanakuli, Maili) Leeward Permanency Unit
Diamond Head CWS Section: **[Serves Urban Honolulu to Hawaii Kai to Waimanalo to Windward Oahu]**	DH CWS Unit 1 (Hawaii Kai, Kahala, Palolo, Waikiki, Kapahulu, McCully, UH, Kailua, Lanikai) DH CWS Unit 2 (Kaneohe, Kailua, Waimanalo) DH CWS Unit 3 (St. Louis, Manoa, Makiki, Downtown, Pacific Heights, Punchbowl, Aala, Liliha, Kalihi-Kai) DH Permanency Unit DH Foster Home Licensing Unit
Central CWS Section: **[Serves Central Oahu - Kalihi to Pearl City to Wahiawa to North Shore]**	Central CWS Unit 1 (Hickam, Aliamanu, Aiea, Pearl City, Palisades, Manana, Mililani, Wheeler, Whitmore Village) Central CWS Unit 2 (Wahiawa, Schofield, Waialua, Haleiwa, Kahuku, Hauula) Central CWS Unit 3 (Kalihi-Kai, Kapalama, Kalihi Valley, Red Hill, Salt Lake) Central Permanency Unit Central Foster Home Licensing Unit

Neighbor Island Sections:

East Hawaii CWS Section: **[Serves Hamakua to Hilo to Puna]**	EHI Special Services Unit East Hawaii CWS Unit 1 **(North)** East Hawaii CWS Unit 2 (South) East Hawaii CWS Unit 3 **(Central)**
West Hawaii CWS Section: **[Serves Waimea/Kohala to Kona to Captain Cook to Kau]**	WHI CWS Intake/Permanency Unit WHI CWS Assessment Unit Kamuela Sub-unit WHI CWS [Case Management] Unit Kau Sub-unit
Maui CWS Section: **[Serves the Islands of Maui, Molokai, & Lanai]**	West CWS Unit East CWS Unit Central CWS Unit Molokai CWS Unit Lanai Sub-unit
Kauai CWS Section: **[Serves the Island of Kauai]**	Intake/Central CWS Unit East CWS Unit West CWS Unit

SECTION II: SYSTEMIC FACTORS

This section examines the 7 systemic factors that are believed to directly impact a state's capacity to deliver effective services leading to improved outcomes:

1. Statewide information system
2. Case review system
3. Quality assurance system
4. Staff and provider training
5. Service array
6. Agency responsiveness to the community
7. Foster and adoptive parent recruitment, licensing and retention.

A. Statewide Information System

FEDERAL STANDARD: The state is operating a statewide information system that can determine the status, demographics, location and goals for all children in foster care in the state. This information is accessible to state managers and local staff. The information is useful to the CWS agency in carrying out the agency's responsibilities.

Hawaii's Policy

Hawaii's automated Child Protective Services System (CPSS) was first developed from 1985 to 1989 and has been operational on a statewide basis since February 1992.

There is access to the system for all staff, supervisors, and administrators from virtually every worker's desktop and for after-hour crisis intake workers from remote sites through laptops utilizing land and cell phone technology. CPSS can be accessed 24 hours a day, 365 days a year.

It is a mainframe based system and is available to all child welfare service units on all islands as well as to state managers via LAN/WAN-based technology. Statewide conversion to the LAN/WAN-based system was completed in March 2003.

The status, demographic characteristics, location and goal for every child who is or has been in foster care can be determined through information maintained in the CPSS Case Subsystem, the electronic case record.

Information used at many levels to help the CWS agency carry out its mission and responsibilities is maintained in the CPSS subsystems noted below:

1. **INTAKE SUBSYSTEM**: All referrals/reports of alleged CAN to CWS Intake are "registered" in this subsystem. Data collected in the Intake Subsystem includes (but is not limited to) the nature and severity of the harm, risk assessments, disposition of the assessment/investigation and status of the intake after assessment/investigation. Intakes, which require intervention beyond the

initial assessment/investigation, are copied into the Case Subsystem for assignment to the appropriate unit/worker for follow-up. The state's **NCANDS** data is obtained from this subsystem as well as from the Case Subsystem.

2. **CASE SUBSYSTEM**: Once an intake is accepted and determined to be in need of investigation, a unique intake number and individual number are assigned and the intake data is copied into the Case Subsystem where a CPSS case number is assigned. The case number is then used to identify the family on whom the assessment/investigation is conducted and services provided. All **AFCARS** child status, demographic characteristics, location and goal related data as well as Title IV-E child eligibility data are found in the Case Subsystem.

3. **PAYMENT SUBSYSTEM**: All client-level services, which require payment by the CWS units, are entered into the CPSS Payment Subsystem. Determination of whether these payments are eligible for federal financial participation (FFP), including Title IV-E, is pre-programmed into the system. Each service/payment is associated with specific accounting codes that the state's Fiscal Accounting and Management Information System (FAMIS) uses to draw upon the appropriate state or federal funding source.

   Administrators and program specialists are able to view on-line authorizations of expenditures for services paid out of CPSS and authorizations for foster care expenditures eligible for Title IV-E FFP.

   Services, which are procured through purchase of service (POS) contracts, are also paid via CPSS. This allows management to view on-line fiscal information for most services provided to child welfare clients.

4. **LICENSE RESOURCE FILE (LRF) SUBSYSTEM**: This subsystem tracks all foster homes (general licensed homes, child specific-relative and non-relative licensed homes), child caring facilities (group homes), prospective adoptive homes and child placing organizations (CPO) licensed by DHS. Foster homes that are licensed by the private CPO are listed in CPSS only if they are providing care for a DHS foster child. Otherwise, homes listed by the CPO are tracked in the CPO database.

   As part of the state's Title IV-E Program Improvement Plan (PIP) a modification to the LRF Subsystem was completed in February 2002 to enable the state to more accurately process claims for FFP. Previously, the LRF did not distinguish when a home was provisionally licensed and when the home was unconditionally licensed (i.e. has met *all* licensed requirements).

5. **INTERFACES**: Although many clients have active cases in the state's Title IV-A (TANF), Title IV-D (Child Support Enforcement) and Title XIX (Medicaid) electronic systems, there are no interfaces between CPSS and any of these systems at the current time. Authorized workers are able to view information in the state’s financial and medical assistance eligibility system (HAWI) and CPSS to find out information on a family (e.g., if a family is or was receiving financial and/or medical

assistance; if known to these programs, their last known address in efforts to locate the family).

Management reports are generated to track/monitor key events/activities (e.g., overdue dispositions; voluntary cases that need to be brought under court jurisdiction so a review hearing can be set by the 6th month) and to help manage/monitor unit, section and statewide program performance on a regularly scheduled (daily, monthly, quarterly, biannually, annually) or ad hoc basis. The number of reports received by an office and their format can be overwhelming (one supervisor described it as "death by data") and there is an effort currently underway to assess and manage the flow and use (and usefulness) of data.

Performance Data and Analysis

We reviewed Hawaii's AFCARS data to assess the performance of CPSS in determining the status, demographic characteristics, location and goals of all children in foster care in the state.

The AFCARS Point-in-Time Permanency Profile for FFY 2001 indicates that overall Hawaii is able to determine through CPSS the above information with the following exceptions:

- Missing placement information for 0.7% (17) of the children in foster care
- Case plan goal not established for 16.8%(433) of the children in foster care
- Missing goal information for 1.5% (38)
- Missing placement settings information for 0.7%(17)
- Missing discharge reason for 8.3% (6)

Of the 433 children in foster care identified with "case plan goal not established", 390 were children who entered foster care for the first time in FFY 2001. For cases where the goal was protection and there is a delay in inputting the new goal of reunification when the child is placed in foster care, the system is programmed to not recognize the old goal of protection as an appropriate goal.

It should be noted that all states submitting AFCARS data have, to some degree, missing case information and often this situation can be attributed to data input delays. Nationally, 11% of the children in foster care in FFY 2001 were identified as having "case plan goal not established", compared to 16.8% for Hawaii. Workload is the primary reason for delays in data entry. Hawaii has experienced a doubling (a 100% increase) of the reports investigated/assessed from 1998 to 2001 without a comparable increase in staffing resources to handle workload growth.

Hawaii is able to generate NCANDS and AFCARS information and uses the information to manage, monitor and report program performance. The department uses the NCANDS and AFCARS data, and the related Outcomes Profile, to annually assess past performance and lessons learned through key initiatives, identify needs and emerging issues, and establish the program improvement objectives and plans for the upcoming year.

In reviewing the data, we found 3 factors that compromise the quality and usefulness of the data:

1. Input delays
2. Coding or input errors
3. Difficult to use

Originally developed and programmed over 15 years ago, the state's CPSS system, despite its strengths, has some inherent problems for the current user. Many workers, now accustomed to a *Windows* environment, find the system cumbersome to use. Data entry tasks are often relegated to paraprofessional staff and some may not fully understand the significance of the data.

CPSS is hard for many to learn. The system does a lot and is complex. It does not work like most Windows programs. It is not intuitive. Although CPSS user training is integrated with CWS training for new hires, staff have reported that there is too much information to grasp. Once back in the work environment and workers start to use the system, questions arise. It has been reported that there is virtually no follow-up training, only "refresher training," to continue to help the worker through the learning curve - to address questions that come up once on the job. Supervisors and co-workers provide some on-the-job-training/assistance. They too are challenged due to their own workloads, time availability and limited understanding of CPSS. The CPSS User Manual does not provide sufficient information to help the user understand what the codes mean – when and why to use certain codes over others; how to correct errors.

To address some of these concerns, special meetings with Oahu paraprofessionals only have been held to clarify and reinforce understanding of data definitions and use of appropriate codes to capture/collect information.

Administrators and staff often need data reports quickly and in a format they can sort and re-package in order to better analyze what the data is able to reveal. The process of requesting data reports is sometimes onerous and lengthy. It requires an understanding of how information is programmed in the system and for data requests to be written in a way that explicitly describes how information is to be extracted.

Statewide conversion to a LAN/WAN based system, completed in March 2003, has the potential to make work easier in the following ways:

- ✍ WAN technology makes it easier to access other databases that provide TANF, Food Stamps and Medicaid eligibility. Criminal History, Sex Offender, National Adoption Exchange, Military Personnel Locator, service provider and other data bases are also available for staff to obtain critical case information and to make informed casework decisions.

  Although this conversion cannot replace electronic interfaces, it is expected that appropriate case/client-specific information between TANF and CWS workers can be more readily exchanged.

- ✍ On-line manuals, e.g., CWS rules and procedures, CPSS user manual, will free staff from distributing, updating and filing paper copies and allow for quick

searches. Standard forms management and templates will help staff work more productively.

- ✍ Intranet and Internet capabilities, including email, will allow users more effective and efficient communication within DHS and with outside agencies. Information could be copied into CPSS with relative ease. An example could be a social service assistant reporting on an urgent event witnessed for a child in foster care. The social service assistant could notify the social worker assigned to the case via email. Later, the information could easily be cut and pasted into the permanent case record in the CPSS log of contacts.

Findings

Hawaii's information system is in basic conformity with the federal standard in that CPSS is able to determine the status, demographics, location and goals for all children in foster care in the state but is challenged by the tremendous growth in children reported and entering the CWS door. The number and percentage of cases identified through error/exception reports as "missing information" are relatively small. The problem of "case plan goal not established" for 433 children can be attributed to data input delays. Workload is the primary reason for delays in data entry. The doubling of reports investigated/assessed from 1998 to 2001 and the related increase in entry into foster care, without a comparable growth in staffing resources to handle workload growth, are factors that wear away and diminish performance.

Another indicator of conformity with this standard is the ability of CPSS to generate NCANDS, AFCARS and Outcomes Profile data, which are used by CWS for annual performance review and program improvement planning, and the reporting of that information to ACF through the APSR. It is through this process and the CFSR process that we learn of data irregularities and work to improve the quality of our data.

B. Case Review System

FEDERAL STANDARD: The state has procedures in place that:

1. Provide for each child a written case plan
   - Developed jointly with the child's parent(s)
   - That places the child in the least restrictive, most family-like placement appropriate to the child's needs
   - In close proximity to the parent's home when such placement is in the child's best interest
2. Provide for periodic review of the status of each child no less frequently than once every 6 months by either court or administrative review
3. Assure that each child in foster care under the supervision of the state has a permanency hearing in family court no later than 12 months from the date the child entered foster care
4. Provide a process for termination of parental rights
5. Provide foster parents, pre-adoptive parents and relative caregivers of children in foster care an opportunity to be heard in any review or hearing held with respect to the child.

Hawaii's Policy

Written Case Plan and Periodic Review

Once a disposition of continued departmental involvement has been made – no later than 60 days of acceptance of an intake, all cases are to have a complete case plan. Supervisors are procedurally required to review (as documented by sign-off) completed case plans.

For cases where the child remains in home and for out-of-home placement cases with the goal of reunification, a complete case plan consists of 2 parts:

(1) The **Safe Family Home Report (SFHR),** which is a narrative assessment on the safety of a home based on the 14 Safe Family Home Guidelines (SFHG) as specified in state law, HRS 587-25. The guidelines are factors that must be reviewed to assess the safety of the child in the family home and to determine areas that need to be changed to ensure a safe home for the child.
(2) A **Family Services Plan (FSP)**, which outlines how the identified safety issues are to be addressed and resolved by the family through recommended services. The FSP establishes the agreed upon goal for the child/family and the appropriate services to achieve the goal.

For court cases, a complete case plan must be submitted with the petition. For cases ***active less than 60 days at the time of petition***, the complete case plan is (1) the SFHR plus (2) the ***Interim*** FSP. The Interim FSP is designed to be short-term, limited to 6-8 weeks. The short time frame is to allow the family to engage in services while a more thorough assessment is conducted and completed by the CWS worker. The FSP is based on the assessment of a child safety needs and the capacity (strengths, weaknesses, needs) of the family to meet those needs, and is an agreement between DHS and the family members who are parties to the case.

For cases ***active beyond 60 days at the time of petition***, the complete case plan is (1) the SFHR plus (2) the FSP. The Interim FSP does not apply to these cases.

For court cases, complete case plans are to be updated at least once every 6 months and are subject to judicial review.

For voluntary service cases, a complete case plan (SFHR plus FSP) is required. The Interim FSP is not to be used in voluntary cases.

Periodic 6th Month Reviews (Judicial Review Only)

Hawaii does not have an administrative review body and thus provides a process for periodic review of the status for each child in CWS only through judicial review. Court jurisdiction over children in family supervision or in foster custody needs to be established through a jurisdiction hearing. Once under court jurisdiction, the court will schedule review hearings 6 months apart. The purpose of the review hearing is to assess progress made by the family in complying with services or in attaining the case goal.

For voluntary agreement cases, workers and supervisors must assure that the cases are brought under court jurisdiction through a jurisdiction hearing by the 90th day of the child's placement.

For voluntary agreement cases with Ohana Conference, the case must be brought under court jurisdiction through a jurisdiction hearing and once under court jurisdiction, is scheduled for a review hearing by the 180th day of the child's placement.

Permanency Hearing and Termination of Parental Rights (TPR)

Per procedures, workers are to motion the court for permanent custody when:

- A child has been in placement for 12 months
- The family has been totally non-compliant
- Reasonable efforts has been judicially determined not to apply in the case due to aggravated circumstances
- Permanent custody, regardless of the actions of the family, is in the best interest of the child.

When permanent custody is ordered, that decision serves to terminate parental rights.

Parent and Family Involvement in Case Planning and Review

Procedures instruct CWS social workers to apply concurrent permanency planning (CPP) as a means of achieving permanency for children more promptly. Social workers are to help the family to understand the importance of permanency for the child and to inform the family of all available permanency options for the child.

The cornerstones of CPP are full disclosure and family participation. From the start, the social worker is to engage and inform the family of the reasons for the department's involvement, the changes that must occur to create a safe family home for the child and that the final outcome of the case depends on the family.

The use of Ohana Conference (a family-centered, strengths-based, culturally relevant and community-based family decision-making approach) is supported in state law and in CWS procedures as an integral part of Hawaii's case planning and review process for families agreeing to participate. Ohana Conferences can be used with willing families for both voluntary and court-jurisdiction cases; can be used to preserve families as well as reunite, or to provide an alternate permanent home with family (paternal or maternal) or non-family members; and involve families in decisions. It can also be convened reconvened with the family to review progress made.

Foster Parents, Pre-adoptive Parents and Relative Caregivers – Right to Notice and Participation in Court Reviews

Hawaii's policy also acknowledges the important role foster parents (relative and non-relative) and pre-adoptive parents play in informing the case planning and review process, and addresses their right to notice and participation in court reviews and administrative hearings. Policy authorizes reimbursement of mileage expense for foster parents to attend court hearings.

Performance Data & Analysis

Qualitative Birth Parent Data:
The department sought to gather information on the perceptions of birth parents of their experience with the CWS system:

- Their experience with the case planning and court review process
- Their experiences with foster care
- Their perception if the services provided were effective, available and accessible in helping them achieve their case goal.

Market Trends Pacific, Inc. (MTP) was contracted to conduct a qualitative study of birth parents involved with CWS. Participating parents were asked to provide input in a focus group discussion, which is an informal group discussion led by a moderator. Four group discussions were conducted during the month of November 2002. A total of 46 parents, residing on Oahu (31) and the Neighbor Islands (15), participated in the study. Participants included fathers as well as mothers. Participants were initially recruited by DHS via a letter. Parents wishing to participate responded by providing written consent to DHS. Focus group participants were also asked to complete a survey in which they answered questions and providing comments/opinions specific to the following areas: foster homes/adoptive homes; case plan/court hearings/other review; services to help achieve safety, permanency and well-being goals. The survey was designed by DHS.

Findings on their experience/satisfaction with the case planning and review system, and with services to help achieve safety/permanency/well-being goals are detailed in the report from MTP (attached). Data highlights on their experience with the case planning and review system are provided below:

The shaded boxes represent and "red flag" performance indicators where less than half responded favorably.

Birth parent **agreed** that they:	%
Know why they are involved with CPS	89
Received copies of case plans	74
Had regular, monthly contact with Department	71
Were involved in developing the case plan	63
Had contact with the department when they felt it was needed	61
Were involved in developing an assessment of the family situation	55
Were provided with feedback about progress	54
Felt the case plan/review process helped meet the goals of safety, permanency & well-being	50
Were able to work with the social worker to have children returned	50
Were able to work with the social worker to have children maintained in the family home	44
Children were returned in a timely manner	40
Satisfied with the case plan/review process	39
Felt children were placed in safe permanent homes in a timely manner	36

Additionally, the study was designed to illicit responses to help gauge birth parent experiences with the CWS system on family-centered practice indicators. On most indicators, more than half responded favorably.

Qualitative CWS Staff Data:

The department also sought to gather information on the perceptions of CWS staff because, like the perceptions of birth parents, their perceptions are their reality; it generally reflects how they are experiencing the system. MTP conducted 6 group discussions during the months of January and February 2003. The focus group location and number of participants were as follows:

- Honolulu: 15 participants
- Kapolei: 13 participants
- Kona: 13 participants
- Hilo: 13 participants
- Maui: 14 participants
- Kauai: 11 participants

A total of 79 staff members participated in this qualitative study. MTP reported that representation was sizable for a study of this nature. Usually with about 10 participants in a focus group a lot of information can be gathered. As the numbers above demonstrate, most of the groups had high participation and the consultant feels confident that the results are pretty much representative of the perceptions/experiences of CWS staff as a whole. In other words, if the consultant were to interview each CWS staff member, the findings would not be much different.

As part of the validation process, both MTP and the DHS CFSR coordinator conducted in April 2003 a series of community briefing sessions with local CWS staff and community stakeholders separately to share the preliminary findings and ask if the information was consistent with their experiences/perceptions. The response overall in each community (Kauai, Maui, West Hawaii, East Hawaii, Kapolei and Honolulu) was "yes". Additional information was gathered from these meetings and the documentation will be available in a separate report at a later date.

The MTP report is attached. Data highlights are provided below:
The shaded boxes represent and "red flag" performance indicators where less than half responded favorably.

Staff **agreed** that:	%
Families received copies of case plans	84
Families are provided with feedback about case progress	75
Case plans are developed for all cases	73
The case planning & review process helps meet the goals of safety, permanency & well-being for the children in my caseload	73
Children are returned to a safe family home in a timely basis	56
Families are involved in developing the case plan for children in my caseload	53
When children cannot be returned to their family, they are placed in a safe, permanent home in a timely basis	43
I have regular, at least monthly, contact with families on my caseload	42

PERCEPTIONS/ EXPERIENCES OF:	STRENGTHS (2/3 or more responded favorably)	VARIABILITY IN PRACTICE (at least ½ but not more than 2/3 responded favorably)	RED FLAG ISSUES (less than ½ responded favorably)
CWS STAFF	84% agreed that families received copies of the service plan 75% provided families feedback on case progress 73% agreed that case plans are developed for all cases 73% agreed that the case planning & review process helps meet the goals of safety, permanency & well-being for children in my caseload	56% agreed that children are returned to a safe family home in a timely basis **[Timely reunification]**	43% agreed that when children cannot be returned to their families, they are placed in a safe permanent home in a timely basis **[Tmely permanency]** 42% had regular, at least monthly contact with families in my caseload
BIRTH PARENTS	74% received copies of case plan	63% were involved in developing the case plan 55% were involved in developing an assessment of the family situation 54% were provided feedback about progress 50% felt the case plan/review process helped them meet the goals	44% were able to work with the social worker to have children maintained in the family home **[Family preservation]** 40% agreed that children were returned in a timely manner **Timely reunification]** 39% were satisfied with the case plan/review process

PERCEPTIONS/ EXPERIENCES OF:	STRENGTHS (2/3 or more responded favorably)	VARIABILITY IN PRACTICE (at least ½ but not more than 2/3 responded favorably)	RED FLAG ISSUES (less than ½ responded favorably)
		50% were able to work with the social worker to have children returned **[Timely reunification]**	36% felt children were placed in a safe, permanent home in a timely manner **[Timely permanency]**
FOSTER/ADOPTIVE PARENTS/OTHER CAREGIVERS	79% agreed that they can be involved in the case planning process 68% felt case plan/review process helps meet goals of safety, permanency & well-being 67% received notice of court hearing; know they can attend & participate **[Notice]**	64% attend & participate in court hearing 56% are provided with feedback on case progress 56% felt children are placed in a safe permanent home on a timely basis **[Timely permanency]** 50% received copies of case plan 50% are satisfied with case plan/review process	41% felt children are returned to a safe family home on a timely basis **[Timely reunification]**

Provided below is staff feedback by geographic location. The shaded boxes mark as "red flag" issues those statements where 5 or less of the focus participants responded favorably.

By Area

	Total	Oahu (Honolulu)	Oahu (Kapolei)	Kona	Maui	Kauai	Hilo
Families receive copies of case plans.	66	11	11	10	12	11	11
Families are provided with feedback about case progress.	59	10	10	11	10	9	9
Case plans are developed for all cases.	58	12	12	8	9	8	9
The case planning and review process helps meet the goals of safety, permanency, and well being for the children in my caseload.	58	11	11	8	12	9	7
Children are returned to a safe family home in a timely basis.	44	6	7	8	10	5	8
Families are involved in developing the case plan for children in my caseload.	42	4	7	7	12	4	8
When children cannot be returned to their family, they are placed in a safe, permanent home in a timely basis.	34	5	6	5	10	2	6
I have regular, at least monthly, contact with families on my caseload.	33	4	6	4	7	8	4
	# Agree with Statement						
Total # of focus group participants	79	15	13	13	14	11	13

Qualitative Caregiver (Foster Parent, Adoptive Parent, Other) Data:

A survey instrument was designed to capture caregivers' experiences with CWS and the case planning and review process. The surveys were distributed at the September 2002 foster parents conference and mailed to 280 randomly selected caregivers; 66 surveys were returned (51 foster parents, 9 adoptive parents, and 6 "other"). The shaded box represents performance indicators where less than half responded favorably.

Caregivers **agreed** that they:	%
Can be involved in the case planning process	79
Felt case plan/review process helps meet goals of safety, permanency & well-being	68
Received notice of court hearing; know they can attend & participate	67
Attend & participate in court hearing	64
Are provided with feedback about case progress	56
Felt children are placed in a safe permanent home on a timely basis	56
Received copies of case plans	50
Are satisfied with case plan/review process	50
Felt children are returned to a safe family home on timely basis	41

Ohana Conference Evaluation -

The department commissioned this year an evaluation of Ohana Conference services. Ohana Conferencing is a model of family conferencing developed in Hawaii for select CWS cases. Cases are selected for conference when the CWS social worker assigned to the case recommends the service and the family volunteers or agrees to participate.

The service was developed and first used in November 1996 as a collaboration between the Family Court in Oahu and DHS. Since then, 2,142 conferences have been convened and 95% have reached agreement.

The study conducted focuses on outcomes in voluntary agreement cases where Ohana Conference was used and where it was not used. Thirty-three (33) voluntary agreement cases where Ohana Conference was used and 27 voluntary agreement cases where Ohana conference was not used were randomly selected. The outcomes for 54 children in the 33 Ohana Conference cases and for 30 children in the 27 non-conferenced cases were reviewed.

The data and findings are still be being reviewed by DHS, the service provider, and the consultant conducting the study, Lorenn Walker, J.D., M.P.H. Among the preliminary findings reported:

- ✍ All the cases in the sample were initially voluntary foster custody cases.

- ✍ The average time an Ohana Conference case remained open (11.5 months from the time a case was reported to CWS to the time the case was closed) was less than the average time a non-conferenced case remained open (20 months).

- ✍ There were fewer children (1 out of 54) subject to permanent custody (PC) when Ohana Conference was used. For non-conferenced cases, 9 out of the 30 children were subject to PC.

- ✍ Participant satisfaction: An attempt was made to contact each of the 60 families in the sample. Phones were usually disconnected or assigned to a new customer; 28 of the 60 were reached.
  Of the 16 Ohana Conference families reached:
  - 10 Indicated that the case plan/review process was positive
  - 4 Found the process satisfactory
  - 1 Felt it was negative
  - 1 Felt mixed – felt the process was both positive and negative.

  Of the 12 non-conferenced families reached:
  - 2 Indicated that the case plan/review process was positive
  - 4 Found the process satisfactory
  - 6 Felt it was negative.

- ✍ Other indicators (such as foster care re-entry, number of placement settings, re-abuse) are still being analyzed.

Other Sources of Information:

At the 8/20/02 CFSR Kick-off Conference (200+ attendees), the following stakeholder observations were reported regarding case review:

- ✍ Some CWS workers reported that case plans are not needed for voluntary agreement cases. (This is contrary to department policy and may be a misperception or misstatement.)

- ✍ Service providers/other agency staff observed that Interim FSPs are bare bone/broad/generic, not individualized to meet the assessed needs of the family/child. They were concerned that the lack of thoroughness in identifying appropriate services to address individualized needs may waste the first 6 months of a family's time to effect improvement on the safety issues.

  A West Hawaii worker shared that in some cases the court has not scheduled a service plan hearing in order to clear the court calendar, so the Interim FSP, preliminarily developed before a family has been fully assessed, remains ordered and the next hearing is set for 6 months later. Because the Interim FSP remains ordered and has not been replaced by a FSP based on fully assessed needs, it often looks like a laundry list of services and not an individualized plan. [Note: A service plan hearing is set by the court, usually within 45 days of the dispositional hearing, to order appropriate services for the family. The CWS social worker needs to have a complete case plan prior to the hearing.] It appears from the statement of the worker that a service plan hearing was not held.

  It should be noted that department policy promotes the use of the Interim FSP as a means of early engagement of families in some services rather than waiting until the investigation/assessment is completed, which can take up to 60 days.

  As the 2001 CFSR data profile reports, Hawaii opens cases for services (84.8%) at a higher rate than the national average (55.4%). The "frontloading" of services is in part due to the shortened timeframes for permanency planning decisions under ASFA.

Findings

While many strengths have been identified, the department is not able to find itself in conformity with this standard because of the reported variability in practice found in the responses of CWS staff, birth parents and foster parents, adoptive parents and other caregivers on the case planning and review indicators.

- ✍ There are strong features in the state's policies and procedures supporting family-centered practice: concurrent permanency planning, Ohana Conferences, foster parents as partners.

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- ✍ The policies and procedures are reinforced in Core Training for CWS new hires and in foster and adoptive parent training.

✍ While responses from CWS staff, birth parents and foster parents/adoptive parents/other caregivers were generally favorable, particularly on family-centered practice issues, they also suggest variability in practice.

Maui CWS staff tended to have a higher number of favorable responses on the case planning and court review indicators. Maui was the only section with a high number of favorable responses on involving families in developing the case plan for children in their caseload.

Worker comments on <u>what's working</u> are summarized below:

- Family court instituted the one family - one judge concept several years ago. That's pretty helpful. [Honolulu]
- The court hearing process – it guarantees that the case is going to be reviewed on a regular basis. [Kona]
- Case planning – it gives direction to a case – Have had numerous changes over the years in the SFHR format – now it's more user friendly. [Maui]
- The case plan on its own is important – gets everyone on the same page – measure of accountability and a way to measure progress. Forces workers to refine their assessment and helps to communicate that assessment to the family so they know why they are being asked to do certain tasks. [Kauai]

<u>What's not working:</u>

- Legal system – adversarial system – motion, after motion, after motion. [Kauai]
- The amount of cases – back in court every 60 days. [Hilo]
- Court reports are long and tedious – need a checklist system – distance and long commutes to court – have court more frequently in outlying area – no lawyers in family supervision cases – need drug courts. [Kona]
- Attorneys work as both GALs and parent attorneys. Deputies Attorney General knowledge of DHS services could be improved. [Maui]

✍ Program Development staff and IV-B/IV-E monitoring staff who participated in the review of cases by the State Auditor's Office in March 2003 also observed variability in practice, and believe it is timely to have training for all existing staff and supervisors, not just new hires, on the updated rules (and procedures) once they are finalized. [NOTE: The State Auditor's report has not been issued yet so we are not able to include their findings as part of the SWA.]

C. Quality Assurance System

FEDERAL STANDARD: The state has developed and implemented standards to ensure that children in foster care are provided quality services to protect their health and safety and is operating an identifiable quality assurance system as described in its CFSP that:

1. Is in place in the jurisdictions within the state where services included in the CFSP are provided.
2. Is able to evaluate the adequacy and quality of services provided under the CFSP.
3. Is able to identify the strengths and needs of the service delivery system it evaluates.
4. Provides reports to agency administrators on the quality of services evaluated and needs for improvement.
5. Evaluates the measures implemented to address identified problems or needs.

Indicators:

- Has quality of care/quality of service standards
- Has procedures for monitoring services
- Has system of measuring quality of care/service and effect on outcomes
- Has a process for evaluating whether measures implemented address identifiable problems or needs.
- Has a process for evaluating whether services are in compliance with ASFA & support safety, permanency & well-being outcomes
- Involves parents, service providers and other service consumers in the quality assurance process
- Has procedures for using the information to guide decision-making, policy changes or program improvement efforts

Hawaii's Policy

Hawaii has the basic components in place for an integrated performance/quality review system that monitors and evaluates both process and outcome indicators, and that uses the information to guide decision-making and program improvement.

1. Operating Standards for Quality Services

The Program Development Staff Section **(PD)** of the Child Welfare Services Branch (CWSB) in the Social Services Division (SSD) establishes the operating standards for quality services through program policies (rules) and through program design - procedures and core program components and services to guide and support the delivery of quality services. Written rules are currently in place but are being updated for compliance with ASFA and other policy changes.

2. Comprehensive Planning, Data Analysis, Annual Monitoring/Evaluation and Reporting of Performance/Progress

The Planning Staff Section (**PLNG**) of the Support Services Office (SSO) in SSD supports CWS in strategic planning and annual performance/outcomes review and reporting. PLNG assists CWS in preparing its 5-year Child and Family Services Plan (CFSP) and it's Annual Progress and Services Report (APSR) for submission to the federal Administration for Children and Families (ACF). The CFSP defines the CWS mission and vision, and targets program improvement strategies on issues that impact on improved outcomes for children and families. The APSR provides a performance report card on how well Hawaii is doing in meeting national standards for key outcome indicators. It also reports on progress made in building a results –

oriented organization based on family-centered practice, an array of services to meet the individualized needs of children and families, a training agenda to ensure that staff have the knowledge, skills and competencies for their position, and supported by clear policy and procedural guidance and by wider multidisciplinary and community involvement.

Legislative and community stakeholder involvement in program review and program planning has been through such groups as the legislature's CPS Reform Roundtable, Family Court's "Big Five" meetings, the State CWS Advisory Council, IV-B2 regional planning and other task forces.

The **State CWS Advisory Council and local-based CWS Section Advisory Committees** serve as forums for stakeholder involvement in CWS system review and planning. They serve to inform, advise and guide CWS policy, direction and strategies.

The **State IV-B2 Planning Committee and local-based IV-B2 Planning Committees** serve as decision-making forums on use of federal IVB-2 funds and state match for effective, available and accessible family support, family preservation, timely reunification and adoption promotion services. They also serve to monitor and evaluate the effectiveness of the funded services in meeting the individualized needs of CWS children and families. The IVB-2 Committees report annually to PLNG via PD their performance/outcomes data, findings and improvement plans for incorporation in the APSR.

There are 5 local-based **Citizen Review Panels** (CRP – Oahu, Maui, Kauai, East Hawaii and West Hawaii). These CAPTA-required review bodies, were invited and authorized by DHS to help evaluate the CWS system operating in their communities and make recommendations for systemic improvement/ reform. Their review authority includes conducting case-based reviews to gather information on how policies are implemented in practice. They report annually their findings to PLNG via PD for incorporation in the APSR.

3. IV-B and IV-E Case-based Compliance Review

The Management Information and Compliance Unit (**MICU**), under the Federal Revenue and Program Support Staff Section (FRPS) of SSO, supports CWS in monitoring child status through IV-B and IV-E cased-based compliance review.

4. Special Case-based Review of Sentinel Events

In addition, per state law and program procedures, **multidisciplinary teams** with support from contracted staff are convened to conduct special case-based review to evaluate sentinel events (re-abuse, hospitalization and CAN fatality).

5. Purchase of Service (POS) Monitoring and Utilization Reviews

The POS Unit, under the FRPS Staff Section of SSO, serves to support CWS through contract monitoring (review of quarterly reports from providers as well as annual on-site monitoring), utilization review, and review of complaint/satisfaction feedback from CWS staff on contract services. POS service array changes are reported to PLNG for incorporation in the APSR.

6. Review of Adverse Action Complaints

The DHS Administrative Appeals Office (AAO) reviews adverse action complaints and provides a fair hearing process for review of CWS decisions. PD reviews the complaints and fair hearing decisions.

7. Foster Home Licensing Regulatory Review

Another level of monitoring is provided through the regulatory review conducted by the department's **foster home licensing staff**, who assure that health and safety standards are maintained for general licensed and child specific licensed foster homes, child caring institutions (CCI) and child placing organizations (CPO).

8. Supervisory Review

Unit supervisors, who through *supervisory review* of cases, track and monitor unit and case-level performance, unit and case level outcomes. In this way, they can identify service needs, assess and manage performance, and can take quick corrective action when needed. They inform and report to state administration through their section administrators.

9. Section Review

Section administrators who oversee units in their geographic area of service, involve community stakeholders and report to the state program administrator on the quality of services, actions taken to improve the quality of services, and feedback on how they measure and evaluate the effectiveness of their actions over time. Per CWS procedures, sections have internal **Permanency Review Teams (PRT**) reviewing permanency decisions.

10. Judicial Review

We have Family Court oversight through periodic review hearings and judicial determinations. Informing the court are court-appointed and voluntary guardians ad litem (GAL/VGAL).

11. Multidisciplinary Review

In addition, in accordance with CWS procedures, specified case types, given their nature and level of severity/risk, are to be assigned to team for multidisciplinary case conference, review and consultation.

Performance Data and Analysis

Operating Standards for Quality Services

Program rules and procedures establish the service standards for the program. For practice to be consistent with program policy, the written policy (rules) needs to be current, in conformance with ASFA, clear and in place. Procedures need to flow from and guide policy implementation. Policy needs to be communicated with all existing staff and supervisors for consistent practice. Monitoring procedures can then be established.

There are written policies (rules) and procedures in place that articulate practice standards. The rules are being updated to conform with ASFA requirements.

Procedures for Monitoring Services

At the present time there are no approved written procedures on how IV-B and IV-E case-based compliance review will be conducted and the criteria (standards) that are to be applied for the review. IV-B and IV-E case-based compliance reviews have not been conducted since 1999, when a pilot instrument was last tested. IV-E eligibility reviews have been periodically conducted.

The East Hawaii CRP expressed a need for case reviews to be conducted. It recommended in its 2001 annual report that each section administrator should have a "clinical monitor", an expert/qualified in the area of CAN, to review cases. The clinical monitor would convene and chair case reviews similar to current multidisciplinary team reviews.

Measuring Quality Services and Effect on Outcomes

In April 2002, training on "Using Information Management to Support the Goals of Safety, Permanency and Well-being" was conducted in partnership with the National Child Welfare Resource Center for Organizational Improvement and the CFSR Core Team. The CFSR Core Team saw administrator/supervisor training as an opportunity to move on one aspect of an overall strategy to build an ongoing quality improvement system and create a culture within CWS that supports achievement of outcomes.

The need for ongoing and coordinated training and skill development specific to the performance of this aspect of their job was the clear message from supervisors and section administrators.

Performance and outcome data reviews are currently being conducted as part of the CFSP and APSR (annual performance reporting) process. Supervisors and section administrators have been part of the data review process. The CFSR statewide assessment process is a continued effort to strengthen the data review process. In August 2002, the National Child Welfare Resource Center for Organizational Improvement, the National Resource Center for Information Technology in Child Welfare (CWLA), and the National Child Welfare Resource Center for Family-Centered Practice were brought in to provide technical assistance and help further develop state capacity in data review and performance and outcome evaluation.

As part of annual performance monitoring and reporting through the APSR, DHS continues to improve its data reporting and analysis of what seems to be working and making a difference in the numbers.

Involvement of Parents, Service Providers and Other Service Consumers in the Quality Assurance Process

Service providers have generally been partners in the data collection, reporting and analysis process through POS contracts monitoring. We have learned and are continuing to learn how to better use their information as part of larger system performance analysis, as noted throughout this report.

The Citizen Review Panels (CRP) actively engage service providers to share their experiences and understanding of the clients they see, the issues they are confronted with, what's working/what's not, and what they would like to see improved. The Kauai CRP, for example, in their 2001 report (included as part of last year's APSR) interviewed Kauai foster home licensing staff, the contracted PRIDE service provider, and Hale Opio, the contracted service provider for therapeutic foster homes. That information and the CRP findings have help informed program management and has helped guide program improvement strategies.

We currently do not have a formal process for involving parents in the quality assurance process. We have involved foster youths, through the foster youth advisory board, seeking their insights and experiences, and suggestions for improving the system.

Foster youths were keynote luncheon speaker at the August 2002 CFSR kick-off conference and shared what they would like to see improved:

- A say in staff hiring and staff training.
- A say in case planning and decisions that affect their life. [Note: Changes in state law and CWS procedures permit youth, age 16 or older, to participate in case planning decisions that affect them.]
- The ability for foster youth to obtain a driver's license, which they view as necessary to prepare them for independent living. [A concern for state attorneys because of the "long tail of risk and liability."]
- Involvement in larger system reform planning and participation in CWS committees, task forces, etc.
- Resources to support and strengthen youth involvement.

In addition, the youth advisory board participated in a study of the housing needs of transitioning foster youth in Hawaii. They identified transitional housing assistance as a key unmet need impacting on the well-being of transitioning foster youths. As a result, PLNG and CWS worked with the contracted independent living services provider and the City and County of Honolulu to apply for HUD Family Unification housing vouchers for transitioning CWS foster youths and approval was received this year.

Findings

While Hawaii has many levels involved to continually review and assess the quality of CWS services and the impact on outcomes for children and families and to use that information for program improvement, there is still the perception by some that there is not sufficient oversight and accountability.

There are promising features in the current system:

- The use of data to begin the process of digging deeper and finding out what's working/what's not, and developing strategies for improvement, as demonstrated by the successful initiative to increase permanency (adoptions and guardianship) for waiting children.
- The involvement of many at many levels of review.
- The involvement of foster youth in the review.

? The recent effort to obtain feedback and analyze the feedback from birth parents, CWS staff, and foster parents/adoptive parents/legal guardians/permanent custodians.

We cannot, however, find our self in conformance with this standard for the reasons listed below:

? CWS rules (policies) and the related procedures need to be finalized and brought into compliance with federal ASFA requirements for clear and consistent policy direction and operating standards for program performance.
? Procedures for IV-B and IV-E case-based compliance reviews and the criteria for the review need to be established and these reviews need to be conducted, through peer review, review by the IV-B and IV-E monitors, and/or external review (e.g., involvement of the CRP or other trained/qualified volunteers).
? Data reports need to be improved to better serve and meet the needs of program administrators and unit supervisors.

D. Staff and Provider Training

FEDERAL STANDARD: The state is operating a staff development and training program that:

1. Supports the goals and objectives in the state's CFSP
2. Addresses services provided under both subparts of IVB and the training plan under IV-E
3. Provides training for all staff who provide family preservation and support services, child protective services, foster care services, adoption services and independent living services soon after they are employed and that includes the basic skills and knowledge for their positions
4. Provides ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the state's CFSP
5. Provides short-term training for current or prospective foster parents, adoptive parents and the staff of state-licensed or state-approved child caring institutions providing care to foster and adopted children receiving assistance under IVE that addresses the skills required to foster or adopt.

Staff Training:

Hawaii's Policy

Hawaii's CWS training program supports the mission, vision and goals of the state Child and Family Services Plan (CFSP) by providing training – to the degree that resources will permit - to ensure that CWS staff are equipped with the basic and specialized knowledge and skills to perform their job and to provide quality services.

In-Service Training for New Employees

All new employees are to attend (1) the department's Personnel Office new employee orientation and (2) a 4-day orientation to the Social Services Division, which includes

basic training on casework interview, CPSS inquiry, notices and fair hearing, introduction to domestic violence, self-care, blood borne pathogens, and substance abuse.

CWS social workers, soon after they are employed, are to attend CWS Core Training, a 3-week plus half-day in-service training program. Core training moves through 5 learning modules:

1. **Child Welfare Module (8 days):** (a) CWS Foundation, (b) Intake, (c) Initial Assessment – assessment process/protocol, concurrent permanency planning, SFHR, FSP, (d) Physical and Behavioral Indicators of Child Abuse and Neglect, (e) Teamwork with Foster Parents, (f) Family Law, (g) Family Assessment – assessment tools, Ohana Conference, cultural awareness, supplemental SFHR, (h) Permanency and Preparation, (i) Permanency Plan/ Independent Living Plan
2. **CPSS (Information System) Module (3 days integrated with the CWS Module):** (a) Intake, (b) Logs, (c) Investigative Findings, (d) History, (e) Visitors' Screens, (f) Goals and Services, (g) Critical Dates and Closing
3. **Rules and Practice Skills Module (2 days):** Review rules, procedures and forms. Trainees also practice what they have learned during the week - conducting interviews, writing court reports, preparing service plans, using CPSS
4. **Shadowing Module (1 week on-site).** On Oahu; a schedule is provided to maximize observations of varied worker and unit functions
5. **Community Site Visits Module (1 week on-site):** To familiarize staff with community resources. On Oahu; a schedule is provided of community providers to visit.

Within the past year, a new training feature has been added; trainees are now given a case to work on as they move through the Child Welfare and CPSS modules for applied learning and skills practice.

Just as training for foster/adoptive parents emphasizes "working as a member of a professional team", core training for CWS staff includes a "Teamwork with Foster Parents" component. Both trainings are consistent with and serve to support the policy message in CWS procedures that foster parents are an integral part of the CWS case work team. To further reinforce the message, foster parents serve as co-trainers for this training component.

Foster home licensing social workers, soon after they are employed, also attend the 3 weeks plus half day Core Training, but are pulled out of CPSS training and trained separately on the License Resource File (LRF) subsystem. They are also pulled out of the family assessment portion of the training and receive instead training on foster parent assessment.

Social service aides and assistants, soon after they are employed, are to attend Core Training for Paraprofessionals, a 12.5-day in-service training program.

They attend selective components of the Child Welfare Module – (a) CWS Foundation, (b) Intake, (c) Initial Assessment, (d) Physical and Behavioral Indicators of Child Abuse and Neglect, (e) Teamwork with Foster Parents, (f) Out-of-Home Rules, (g) Support Services. They are then pulled out to attend separate training on (a) Documentation, (b)

Supervised Visitation, and (c) Parenting. They participate in the Community Site Visits Module.

Car seat training (1 day on-site) is offered to paraprofessionals because they transport children for parent-child and sibling visits and for appointments.

They are to attend the following training offered by the department's Personnel Office when available: (1) Standard First Aid, (2) Infant CPR, (3) Personal Safety and Crisis Prevention, and (4) Non-violent Crisis Intervention.

General supervision instruction for new supervisors is offered through the department's Personnel Office or through the Hawaii Department of Human Resources Development (DHRD):

- Administrative Procedures (4 days)
- Conducting Meetings (half day)
- Effective Personnel Management (3 days)
- Frontline Leadership (10 days)
- On-the-Job Training (1 day)
- Performance Appraisal (2 hours)
- Practical Supervision (2.5 days)
- Safety Management (1 day)
- Lessons in Leadership (6 days)
- Personal Safety and Crisis Prevention (1 day)
- Non-violent Crisis Intervention (1 day)
- Leadership for Results (9 days)
- Fundamentals of Management (5 days)
- Human Resources Management for Supervisors (2 days).

There is, however, no in-service training program, at the present time, to prepare new CWS supervisors for the requirements and responsibilities of the position… e.g., their supervisory review responsibilities, use of management reports, ticklers, cheat sheets and other tools to help manage worker and unit performance, use of LAN/WAN and web-based technology to manage and carry out their job responsibilities.

Training for Existing Workers to Strengthen Their Skills/Knowledge Base to Carry Out Their Duties Consistent with the Mission, Vision, Plan and Policies of CWS

While there is no formalized, structured training program for this, the Staff Development (SD) Staff Section does provide select refresher training and opportunities to elect to participate in conferences, workshops and other training offered outside consistent with job function.

Pre-Service Training

The Hawaii IV-E Child Welfare Education Collaborative is a partnership between DHS and the University of Hawaii (UH), School of Social Work to encourage students to accept employment with the department after successful graduate work. A $14,000 a year stipend to full-time students for 2 years is provided as an incentive. DHS employees who

choose to pursue their MSW degree through a part-time program are reimbursed up to $4,000 a year for books and tuition for 3 years.

Second-year students are placed with DHS for their practicum. The DHS employees who are part-time students are able to do their practicum in DHS or with another agency.

A 2-year work commitment following graduation is required.

Performance Data and Analysis:

CWS Core Training for New Hires is able to serve around 75 new CWS staff a year.

DHS has employed 3 graduating classes (29 of the 30 students graduating are now CWS employees; 1 dropped out).

Findings

In reviewing Hawaii's performance data against the federal standards, we find our self in conformance with the standard.

Hawaii's staff training program has many strengths:

- ? It's serves overall to support the mission and the vision of the program by structuring its program and curriculum to ensure that new hires have an overall understanding of the CWS system, its mission, vision and approach to services, its operating processes and standards, and the skills and knowledge required to perform their job function in the system.
- ? It has reinforced key standard operating procedures for concurrent permanency planning, Ohana conference, involving foster parents as partners, in the training of new hires.
- ? It has made sure that elective training from outside serves to provide workers attending with the knowledge and skills to enhance job performance.

Supervisors have expressed a need for supervisor training specific to the job. Many have expressed a need for CPSS training that helps clarify code usage, errors and what the codes mean and when to use certain codes. Program Development has expressed a need for rules and procedures refresher training for all staff.

Stakeholders at the August 2002 CFSR kick-off conference shared their concern that current training may not be meeting the needs of staff; that effort should be made to find out from staff what they need once on the job. Stakeholders reported that they hear from staff that what they learned in training did not match their experiences and needs once on the job.

Foster and Adoptive Parent Training; Training for Staff of Child Caring Institutions

Hawaii's Policy

A contracted service provider conducts, **for general-licensed homes**, recruitment, training and licensing.

Adoptive families received training from the Adoption Connection. The Adoption Connection is a public-private partnership, which began in 1998, to recruit adoptive families for CWS children. The partners include DHS, Family Court, the Casey Family Programs (Honolulu and Hilo), Junior League, and the Rotary Club.

The contracted provider uses the CWLA PRIDE (Parent Resources for Information, Development and Education) curriculum to train prospective foster parents. In 2002, the PRIDE curriculum was streamlined, with the consent of CWLA, from 27 hours to 18 hours (a 3-hour session each week for 6 weeks). The new condensed and focused curriculum was to allow more available classes several times a year during morning and evening hours, shorten the licensing process and eliminate the need for a separate Adoption Connection training for foster families interested in adopting. Training and licensing processes were made consistent with concurrent permanency planning. There would no longer be separate tracks for PRIDE and Adoption Connection training, families now go through the same curriculum and are approved for both adoption and foster care. Families are licensed/approved as:

1. A licensed foster home but approved to adopt.
2. Risk adopt (primarily approved for adoption but licensed as a foster home for children who are not legally free to be adopted)
3. Approved for adoption (primarily for children who are legally free for adoption, but licensed as a foster home as well).

The shortened PRIDE curriculum is only an introduction to key foster care and adoption issues, and covers the following basics:

- ? Connecting PRIDE and the CWS system
- ? Working together to meet child's needs
- ? Helping children impacted by maltreatment: trauma and loss
- ? Strengthening family relationships
- ? Meeting developmental needs: discipline
- ? Permanence and preparation

This pre-service training needs to be followed with in-service training and support. PRIDE-trained families, thus, are to be guided by the service provider and DHS licensing staff to access available training opportunities and resources to supplement the initial training.

The resources that are currently available include:

- Hawaii Foster Parent Association (HFPA) annual conference, workshops and quarterly newsletter and monthly RAPPORT parenting tips
- Foster Parents Handbook
- Foster and adoptive parent support groups
- Mentoring
- Various Internet websites, including www.hsfpa.org, www.adopthawaii.com
- Post-permanency support services from the Adoption Connection and contracted IVB-2 agencies responsible for providing post-permanency services to meet the needs of adoptive parents, legal guardians and permanent custodians in their specific geographic areas
- Support from DHS licensing staff.

Training for child-specific licensed homes (relative and non-relative) – Oahu only - is provided by the Hawaii Foster Parent Association (a 3-hour session each week for 5 weeks). Topics include: teamwork, child development, discipline, attachment and loss, visitation, and advocacy.

For the Neighbor Islands, the training of child-specific licensed homes is conducted by DHS foster home licensing staff.

DHS licensing policy requires general licensed foster homes to participate in the prescribed training prior to licensure. Child-specific licensed homes must complete the prescribed training within 1 year of placement of the first child.

Performance Data and Analysis

A statewide foster parent, adoptive parent, legal guardian, permanent custodian and other caregiver survey was mailed to 280 caregivers in September 2002 and also distributed at the annual Hawaii Foster Parent Association Conference; 66 responded

As noted below, 82% (54 of 66) responded that training addresses the skills and knowledge necessary to foster and adopt.

Foster parents/adoptive parents/legal guardians/permanent custodians **agree** that:	#	%
The standards for licensing/approving foster & adoptive parents was reasonable in ensuring the health, safety & well-being of foster children	56	85
Training addresses the skills & knowledge necessary to foster & adopt	54	82
The licensing standards are necessary & are not barriers to recruitment of foster & adoptive parents	52	79
The recruitment plan was effective in increasing the pool of foster/adoptive homes	27	41
Hawaii is satisfactorily retaining foster families	27	41
TOTAL RESPONDENTS	66	100

Feedback from stakeholders at the August 2002 kick-off Conference and from the Kauai CRP tells a little more:

- ? The Kauai CRP found the PRIDE training adequate.
- ? CRP heard from foster parents that the content of training has to become more practical and focused on the relevant aspects that foster parents will have to deal with. The panel heard on several occasions the complaint "Why didn't someone tell me?" or "the information comes late or not at all."
- ? CRP recommended a better balance between theory and practical aspects in the training. They cite, for instance, there seems to be too much training on what sexual abuse is and not enough on how to handle a child who has been sexually abused.
- ? Foster parents should receive specific training for the more difficult children that are not candidates for a therapeutic foster home.
- ? 30 – 40% of foster parents drop out after the first placement, usually because they are not prepared to deal with the difficult behaviors of children placed in their care. Only 1 child is allowed to be placed in a therapeutic foster home. If therapeutic foster homes are not available, children with difficult behaviors may be placed in foster homes with other children.
- ? Training for child-specific licensed homes is inadequate.
- ? Foster parents don't take advantage of continual training offered.
- ? General-licensed foster homes must obtain training prior to licensure to ensure the families are competent in dealing with issues of children in foster care. Child-specific licensed homes complete training after licensure. This facilitates not only immediate placement and thus avoiding further trauma, but also allows the relative or family friend who has agreed to foster this specific child to address issues in training that are specific to their family situation.

Findings

Hawaii's foster and adoptive parent training program is in conformance with the federal standard. Both the training for general-licensed homes and child-specific licensed homes involve foster parents as co-trainers. The CWLA PRIDE curriculum, which is a program based on national standards, is utilized. However, because of the unavailability of therapeutic foster homes and the placement of children with difficult behaviors, there is a need for practical training to prepare first time foster parents to deal with those behaviors. There is also a need for continuing advice/support when children are placed.

E. Service Array and Resource Development

FEDERAL STANDARD: The state has in place an array of services that includes, at minimum:

1. Assess the strengths and needs of children and families assisted by the agency and are used to determine other service needs
2. Address the needs of the family, as well as the individual child, in order to create a safe home environment
3. Enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured
4. Help children achieve permanency by returning to families from which they have been removed, where appropriate, be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services
5. Are accessible to families and children in all political subdivisions covered in the state's CFSP
6. Can be individualized to meet the unique needs of children and families served by the agency.

Hawaii's Policy

Helping families address the safety issues in the home and achieve their case goal depends not only on how well we assess the needs of individual family members and provide appropriate services and supports based on those assessments, but also depends on how well the service array lends itself to individualizing services. This means that the appropriate services identified in the service plan has to be (1) effective, (2) available and (3) accessible, and, in addition, responsive to family circumstances.

How families experience the CWS system depends not only on their decisions and active participation in services, but also on the quality of those services (effective, available, accessible, responsive).

In addition to **staff-provided** assessment, case management, crisis response/intervention, counseling, home-based support services, visitation services, transportation assistance, and home study, the service array in Hawaii includes: (1) services provided by other agencies and (2) private sector services.

Services can be obtained by CWS through a number ways:

- ? Purchase of service (POS) contracts
- ? Purchase order payment for services from a provider on the state's pre-approved treatment provider or service provider list
- ? EPSDT covered medical and mental health assessment and treatment services, including substance abuse treatment, for children from participating providers under Medicaid fee-for-service or Medicaid manage care plans (Hawaii's QUEST program)
- ? Home and community-based Medicaid-waiver services
- ? From other agencies (e.g., DHS TANF-funded substance abuse treatment and domestic violence contracted services, DHS Child Care Connection Program, Department of Education (DOE) Comprehensive Student Support Services

(CSSS) to meet the *whole child needs* and educational experience of children under the "No Child Left Behind" federal mandate, DOE school-based behavioral health services, Department of Health (DOH) children and adult mental health services, DOH substance abuse treatment services, DOH juvenile sex offender treatment services, DOH early intervention and other maternal and child health services).

Much of the CWS focus on service array is on POS contracted services, which amounts to almost $20 million.

Performance Data and Analysis

A qualitative study of birth parent perceptions and rating of services in their service plans – their effectiveness, availability and accessibility – is attached. In general, while parents believe most services are available, they do not necessarily believe these services are accessible or effective. It should be noted that many chose not to answer questions related to services because the service was not part of their service plan and therefore results should be read with caution due to small bases.

A qualitative study was also conducted with CWS staff (report attached). The study's findings were reviewed with CWS staff and community stakeholders in briefings conducted in communities throughout the state in April 2003. The response at those briefing sessions was consistent with the findings in the study.
When responding to statements as to whether services to achieve certain outcomes were effective, available and accessible, less than half responded favorably. Of those who responded favorably, the service they responded favorably to the **most** were:

- Ohana conferencing
- Medical services for children
- Homebased services, but both Honolulu and Kapolei responded that the service is hard to access
- Parenting instruction
- Public health nursing service
- Parent-child visitation.

The service they responded favorably to the **least** were:

- Mental health services for children
- Independent living services
- Transportation assistance.

Additional information on services from CWS staff and community stakeholders:

- Concern expressed by CWS staff and community stakeholders on DHS funding cuts for sex abuse treatment services due to POS underutilization and under-spending. This was inconsistent with what workers were saying - need for services is great, but problems affecting POS utilization included the lack of qualified therapist to provide services, scheduling services during school hours and reluctance to pull children out of school, and transportation availability; had to turn to other less appropriate resources. (All sections)

? Concern regarding comprehensive counseling services not providing counseling services for children in foster care to deal with trauma. Children issues going un-addressed. (Kauai)

? Providers need to be adaptive and flexible in trying to meet the individualized needs of children and families.

? Concern regarding the growing number of child victims who are now becoming perpetrators themselves, abusing others children in the foster home or in their own home.

? Concern regarding inaccessibility of DOH therapeutic foster homes, impact of placing these children with higher-level needs in regular foster homes unprepared to deal with those needs; impact on safety of other children in home. (All sections)

? Concern regarding the lack of juvenile sex offender treatment services, particularly residential treatment; commented that the number of juvenile perpetrators are not only increasing but they are getting younger, under age 12. (All sections) [Note: CWS contracts for juvenile sex offender treatment services through POS, but underutilized, only 1 child referred for services. Again seeing a pattern of disconnect between POS utilization information and what workers see as a need.]

? Need for intensive home-based services for family preservation, not just the home-based services under the comprehensive support services contract. (Kapolei) [Note: CWS merged what was 4 separate contracts – (1) intensive home-based services, (2) individual and family counseling, (3) group treatment, and (4) outreach and visitation services – into 1 comprehensive support services contract. Hilo indicated that they don't want the comprehensive support services contractor to provide counseling services for children because it would take away resources from home-based services, which is already highly utilized.]

? Community stakeholder reported that CWS families cannot get child care assistance to participate in services. Per BESSD, CWS families get prioritized for child care assistance if it is specified in their service plan and if the service plan is court–ordered. Families receiving services through a voluntary agreement (including Ohana Conference cases) may not be a priority based on child care rules. (Kapolei)

? Statewide centralized intake – community stakeholders would like CWS to work out the problems being experienced before expanding to other Neighbor Island sections. (Kauai)

? Independent living services comes up as an area of concern in all sections in terms of availability and accessibility, yet this was an area of POS cuts due to

underutilization and under-spending. Kauai and Hilo commented that the big issue is transitional housing assistance.

- A lot of questions regarding POS diversion services. Why are the numbers served by Maui diversion higher than Oahu? How come Maui diversion doesn't know the numbers referred by CWS that were not served by the provider? What happened to them – were they reported back to CWS? Maui's intakes are lower – could they be diverting more cases – are the cases diverted appropriate? (Maui)

- CFS (Oahu) agreed that diversion services need to be evaluated. She questions the effectiveness of diversion as a 3-week alternative response/intervention given the types of cases being referred. (Honolulu)

The IV-B2 regional planning committees were surveyed in November 2002. They cited as barriers to obtaining services:

- Lack of adequate public transportation
- Lack of child care for parents who must attend services
- Lack of dental service providers
- Services not being available outside of normal work hours
- Limited community resources (Maui & Hawaii)
- Lack of on-island service providers (Molokai).

Findings

Overall, the responses from the qualitative study are reflective of the growing numbers needing services exceeding the capacity of the service array to respond. Based on the responses of birth parents and CWS staff, the state is not in conformity with this federal standard. The treatment and counseling needs of children are not being adequately addressed. Of particular concern, is the unavailability and inaccessibility of therapeutic foster homes and the impact of placing these children in regular foster homes with foster parents unprepared to provide the level of care needed and the risk to other children in the home and to that child whose needs are not being appropriately and adequately met.

F. Agency Responsiveness to Community

FEDERAL STANDARD: The state consults with and coordinates with external community stakeholders in developing the CFSP (the department's child welfare plan).

Hawaii's Policy

The CWS policy is to use existing advisory, planning and other work groups as a means of involving community stakeholders in CWS improvement planning.

The **State CWS Advisory Council and local-based CWS Section Advisory Committees** serve as forums for stakeholder involvement in CWS system review and planning. They serve to inform, advise and guide CWS policy, direction and strategies.

The **State IV-B2 Planning Committee and local-based IV-B2 Planning Committees** serve as decision-making forums on use of federal IVB-2 funds and state match for effective, available and accessible family support, family preservation, timely reunification and adoption promotion services. They also serve to monitor and evaluate the effectiveness of the funded services in meeting the individualized needs of CWS children and families. The IVB-2 Committees report annually to PLNG via PD their performance/outcomes data, findings and improvement plans for incorporation in the APSR.

There are 5 local-based **Citizen Review Panels** (CRP – Oahu, Maui, Kauai, East Hawaii and West Hawaii). These CAPTA-required review bodies, were invited and authorized by DHS to help evaluate the CWS system operating in their communities and make recommendations for systemic improvement/ reform. Their review authority includes conducting case-based reviews to gather information on how policies are implemented in practice. They report annually their findings to PLNG via PD for incorporation in the APSR.

Performance Data and Analysis

The Citizen Review Panels (CRP) actively engage service providers to share their experiences and understanding of the clients they see, the issues they are confronted with, what's working/what's not, and what they would like to see improved. The Kauai CRP, for example, in their 2001 report (included as part of last year's APSR) interviewed Kauai foster home licensing staff, the contracted PRIDE service provider, and Hale Opio, the contracted service provider for therapeutic foster homes. That information and the CRP findings have help informed program management and has helped guide program improvement strategies.

We have involved foster youths, through the foster youth advisory board, seeking their insights and experiences, and suggestions for improving the system. They were involved in developing the Chaffee Independent Living Plan.

In addition, the youth advisory board participated in a study of the housing needs of transitioning foster youth in Hawaii. They identified transitional housing assistance as a key unmet need impacting on the well-being of transitioning foster youths. As a result, PLNG and CWS worked with the contracted independent living services provider and the City and County of Honolulu to apply for HUD Family Unification housing vouchers for transitioning CWS foster youths and approval was received this year.

Findings

As demonstrated in this report and in Hawaii's CFSP and APSR, Hawaii consults with many existing stakeholder groups, including foster youths, to develop its CFSP. Hawaii is in conformance with this standard.

G. Foster/Adoptive Home Licensing, Approval and Recruitment

FEDERAL STANDARD:
1. The state has established and maintains licensing standards for foster family homes, adoptive homes, & child care institutions (CCI).
2. Applies the licensing standards equally to all foster & adoptive families & CCI that serve children in the state's custody or care.
3. Conducts criminal background clearances on prospective foster & adoptive families, including those being licensed or approved by private agencies in the state.
4. Recruits & retains foster & adoptive families that represent the ethnic & racial diversity of children in the state for whom foster & adoptive homes are needed
5. Recruits & uses adoptive families for waiting children across state or other jurisdictional boundaries.

Hawaii's Policy

Licensing Standards

Foster homes must meet the following minimum standards:

- Background checks - Criminal history (both state and FBI) and CA/N registry checks.
- Health—Physical exam and TB clearances
- Finances—Review of income and expenses
- Home environment—Space and safety requirements
- Overall assessment—Responsible, good moral character, stable, no substance abuse, able to work with the department

Adoptive homes must meet all of the above, with the addition of a more in-depth assessment of the family's ability to provide for the long-term and permanent needs of a child, motivation to adopt, and ability to deal with specific adoption issues.

Child-caring institutions must provide a comprehensive application which includes: location and building plans; a written statement of the institution's program and services; statement of legal authority; personnel policies; roster of employees; estimated annual budget; and the institution's policies on admission, program, care of children, and discharge. Also, all applicants and employees must have criminal history checks (state and FBI); CAN checks; employment checks; and any other background checks deemed necessary. The institution must pass inspection by the Department of Health, Sanitation Branch; the Fire Department; and the City and County Building Department.

The institution must show evidence of having adequate resources to finance the operating costs of administration, maintenance, personnel, and to conducts a program, which protects and promotes the welfare of children. All staff must have a physical examination, including a current TB clearance.

The department began, in 1998, to supplement the recruitment, training and licensing/certification of foster and adoptive homes conducted by licensing staff by contracting with a private provider to meet our need for additional "usable" homes. An agreement was reached that the private provider would recruit, train and license/approve general licensed foster homes and adoptive homes and CWS licensing staff would be responsible for re-certification and for licensing child-specific relative and non-relative licensed homes. At the same time, in collaboration with the Child Welfare League of America, the PRIDE training was streamlined and shortened from 27 hours to 18 hours.

Standards Are To Be Applied Equally to All Foster and Adoptive Homes, and CCI That Serve Children in State Care or Custody

All families, including relatives, must meet the same basic standards to be licensed or approved. This information is captured from doing background checks, home visits, and interviews with the family.

Criminal Background Clearances

Applicants and other household members fill out a consent form so the department can do criminal history background checks. DHS then checks by computer or phone to see if the applicant and other household members have a state criminal record.

Fingerprinting - FBI checks - Oahu: The applicant and all household members must make an appointment with the Hawaii Criminal Justice Data Center (HCJDC) to be fingerprinted. Depending on the scheduling, this could mean a wait of 1 week. For those who are not able to go to the HCJDC, the licensing worker may fingerprint either at the DHS office or at the home of the individual. HCJDC sends all prints to the FBI.

Neighbor Islands: The applicant and other household members are fingerprinted by the licensing worker. On Molokai, the police department does the fingerprinting. The prints are sent to HCJDC on Oahu and transmitted to the FBI.

Recruitment/Retention of Foster and Adoptive Parents That Represent the Ethnic and Racial Diversity of Children in Foster Care

The department contracts with a private agency to recruit, train and license/approve general-licensed foster and adoptive parents. The agency is to identify the department's needs, in terms of children in care, and develop a plan to recruit families that match these children. This would include recruiting families to match the ethnicity of the children in care. Because over 40% of the children in care are Hawaiian/part-Hawaiian, strategies, such as involvement of the Office of Hawaiian Affairs (OHA), are being explored.

	Children in Care – SFY 2001 (#)	Children in Care – SFY 2001 (%)
Alaskan/Native American Indian	43	0.9
Asian	1148	26.2
Black	118	2.7
Hawaiian/Pacific Islander	1933	44.2
White	848	19.4
Other/Unknown	280	6.4
TOTAL	4370	

Recruitment Across State and Cross-Jurisdictional Boundaries for Children in Need of Adoptive Homes

Generally, recruitment is done in the geographic areas where there is a need for homes. Each island has its own local recruitment effort. However, when a home cannot be found on a particular island for a child available for adoption , there are matching conferences with DHS staff, Hawaii Behavioral Health (the private, for-profit CPO contracted by DHS to recruit and approve adoptive homes) and the Casey Family Programs to facilitate use of available homes statewide.

The department also registers children in AdoptUSKids when we are not able to find a permanent home for the child in Hawaii. This is an electronic adoption exchange system that helps facilitate matching of children and families across the nation. Once preliminary matches are made, DHS is to follow up on those possible families to ensure that the matches are appropriate. As long as the child continues to be featured, the public has access to search for available children through the public component. Anyone, anywhere can search for available children on the Internet and find out more from the agency that registered the child.

Retention Strategies

- ✍ Foster parents needing extra support and services in dealing with children with behavior issues are provided help through the Comprehensive Support Services contract. This foster parent retention strategy is aimed at supporting families on the brink of giving up or before they get to that point.
- ✍ Another part of the support and retention strategy is the provision of respite care.

<u>Performance Data and Analysis:</u>

There were 4, 370 children in foster care during SFY 2001.

The department had a pool of 1,528 foster homes in that year. Of these, 643, or 42%, were child-specific licensed homes, relatives.

Oahu	=	48%
East Hawaii	=	36%
West Hawaii	=	34%
Kauai	=	35%
Maui	=	28%

Homes Licensed By DHS – Statewide					
Point in time (as of 6/30)	**SFY97**	**SFY98**	**SFY99**	**SFY00**	**SFY01**
General licensed foster home	**411**	**427**	**456**	**533**	**553**
Child-specific licensed foster home, non-relative	**263**	**301**	**290**	**304**	**320**
Child-specific licensed foster home, relative	**406**	**568**	**541**	**610**	**643**
Emergency shelter home	**16**	**13**	**14**	**14**	**12**
TOTAL	**1,096**	**1,309**	**1,301**	**1,461**	**1,528**
% change from prior year (+/-)	**-**	**+ 19%**	**-**	**+ 12%**	**+5%**

Homes Licensed By DHS – By Island								
As of 6-30-01	**STATE**	**Oahu**	**East HI**	**West HI**	**Kauai**	**Maui**	**Molokai**	**Lanai**
General licensed foster home	**553**	**244**	**94**	**105**	**35**	**49**	**26**	
Child-specific licensed foster home, non-relative	**320**	**217**	**21**	**47**	**18**	**16**	**1**	
Child-specific licensed foster home, relative	**643**	**436**	**65**	**77**	**28**	**26**	**10**	**1**
Emergency shelter home	**12**	**7**		**1**		**2**	**2**	
TOTAL	**1528**	**904**	**180**	**230**	**81**	**93**	**39**	**1**

A statewide foster, adoptive parent, guardian and other permanent caregiver survey was distributed at the Foster Parent Association Annual Conference and mailed out randomly to

approximately 280 foster parents, adoptive parents, and other permanent caregivers in September, 2002. 66 responded.

Caregivers **agreed** that:	#	%
The standards for licensing foster and adoptive parents were reasonable in ensuring the health, safety and well-being of foster children	56	85
The licensing standards were necessary and were not barriers to recruitment of foster and adoptive parents	52	79
The recruitment plan was effective in increasing the pool of foster/adoptive homes	31	47
Hawaii is satisfactorily retaining foster and adoptive parents	27	41

The department has tried to minimize barriers to the recruitment/retention of foster homes by keeping requirements to a minimum. The following changes have been made:

1) For families licensed for a specific child, making allowances for the space requirements of the home and for separated couples to be foster parents
2) Allowing the placement of more than five children in a foster home if they are siblings
3) Allowing families on financial assistance to be licensed as foster families.

Although ASFA only requires that the foster parents have a criminal history record clearance, Hawaii requires this of all adult household members. The state also requires that all foster homes, including relative foster homes, meet the same licensing standards and believes that adherence to these requirements continues to be in the best interests. Unfortunately until the department is able to maintain a population of foster homes larger than the population of children needing placement, licensing families who only marginally meet these standards will continue.

General licensed foster and adoptive homes must obtain training *prior* to licensure to ensure that families are competent and prepared to deal with the issues of children in foster care.

For a child-specific licensed home (relative and non-relative), a cursory assessment of the family, including state criminal history and background checks, is conducted by the placing worker who then provisionally licenses the home pending compliance with other requirements, such as a FBI check. The child-specific foster family receives formal training *after* the placement of the child. Although both general licensed and child-specific homes must meet the same standards, in the August 2002 kick-off conference focus group, it was brought up that "often the placing worker determines that a home provisionally meets the requirements and the licensing worker later disagrees". The existing rules allow for worker discretion when reviewing past convictions and the current safety of the home.

This flexibility in interpretation of the licensing rules was a concern to some focus group participants, and a necessity to others, given the emphasis on placing children with relative/kin whenever possible and the shortage of foster homes. Although the licensing worker has the final decision on the issuing of a license, sometimes, the matter is brought to the court's attention and the court has ordered the child to remain in an *"unlicensable"* foster home when they determine this to be in the child's best interest.

When the standards were first applied to relatives, many relatives did not meet the standards and the department was faced with the dilemma of removing children from homes in which they had already established bonds or leaving them in homes that could not meet licensing standards. Although efforts were made to help the families meet licensing requirements (in area such as space requirements), a significant number had a prior criminal history record (e.g., conviction on record long time ago, rehabilitated, no subsequent arrests or convictions). In some cases, when the department attempted to remove the child, the removal was denied by family court.

ISSUES:

- Lack of sufficient number of foster homes. The department continues to have a need for more foster homes, particularly for the teenagers, drug exposed infants, children with behavioral and social-emotional problems, and sibling groups. At times, due to the lack of an appropriate foster home, the department is prompted to approve homes that only marginally meet the minimum standards for licensure or overload foster homes. In such situations, the placing worker must justify such actions and determine that there is no risk to the child's safety, health or well-being.

- Court ordered placements. In spite of the department's efforts to place children in fully licensed homes, at times, family court orders the department to keep a child in a home that does not meet the department's licensing/approval standards. These actions carry negative consequences for DHS with respect to IV-E and ASFA compliance.

- Insufficient specialized foster homes for children with higher level needs due to behavioral problems. Non-availability/lack of access to DOH therapeutic foster homes are a problem. Impact – increased risk due to mix of children and overloading of foster homes, especially if foster families are not adequately trained/ prepared to handle children requiring behavior therapy.

- Practical training on how to deal with the higher level needs/behavior issues of children coming into care should be incorporated into PRIDE training. Workers currently refer foster/adoptive families seeking support and help to an Oahu foster/adoptive parent who has been providing this kind of practical knowledge and training as she is able, without charge.

- Many foster families drop out after their first foster child. The PRIDE trained families are better prepared than the child-specific foster parents, but both need more support once a child is placed as they are oftentimes not prepared for the kinds of children placed.

  Beginning SFY 2001, expanded (+$100,000) specialized support to foster parents on Oahu and expanded (+$300,000) targeted recruitment for foster families for children with special needs.

  Foster parents needing extra support and services in dealing with difficult children/children with behavior problems are provided help. This foster parent retention strategy is aimed at supporting foster families on the brink of giving up or before they get to that point.

- ✍ The qualified, capable foster parents burn out because workers tend to overload them with more and more children.

- ✍ When multiple agencies are involved with a child, it takes a long time (sometimes up to 60 days) to access services while in the mean time the foster parent is trying to deal with the child's needs/issues at home.

- ✍ There continues to be a shortage of Hawaiian/part Hawaiian foster/adoptive homes with a majority (over 40%) of the children in foster care being Hawaiian/part Hawaiian. Involvement of OHA is being explored.

- ✍ Concern has been expressed regarding low foster parent participation in continual training made available.

- ✍ The contracted agency for recruitment has found that a lot of effort needs to be put into recruitment to obtain any notable results. The table below is an illustration of the effort required.

In a 4-month period	#	%
Families who expressed interest & received packet	332	
Families who responded	71	21
Families that completed PRIDE training	31	10

The agency is looking at possibly using current foster parents as recruiters as they seem to be the best advertisers.

Findings

The data indicates that Hawaii is in conformance with the standard. Foster and adoptive parents have responded that the standards are fair and reasonable in ensuring health, safety and well-being for foster children; are necessary; and not a barrier to recruitment and retention.

Staff responses from focus groups conducted revealed dissatisfaction with current recruitment efforts and also expressed dissatisfaction with cross-jurisdiction recruitment.

Foster and adoptive parents surveyed also expressed dissatisfaction with current recruitment and retention efforts.

Hawaii CFSR Data Profile: April 20, 2003

I. CHILD SAFETY PROFILE	Calendar Year 1999						Calendar Year 2000						Ca		
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic Childn.[2]	%	Unique Childn.[2]	%	Reports	%	D C
I. Total CA/N Reports Disposed[1]	3,279		5,771		5,269		3,298		6,184		5578		3,788		
II. Disposition of CA/N Reports[3]															
Substantiated & Indicated	1,839	56.1	3,122	54.1	2,908	55.2	1,938	58.8	3,533	57.1	3286	58.9	2,127	56.2	
Unsubstantiated	1,440	43.9	2,649	45.9	2,361	44.8	1,360	41.2	2,651	42.9	2292	41.1	1,661	43.8	
Other															
III. Child Cases Opened for Services[4]			2,703	86.6	2,530	87.0			3,032	85.8	2828	86.1			
IV. Children Entering Care Based on CA/N Report[5]			1,397	44.7	1,292	44.4			1,735	49.1	1610	49			
V. Child Fatalities[6]					3	0.1					3	0.1			
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY															
VI. Recurrence of Maltreatment[7] [Standard: 6.1% or less)					99 of 1,474	6.7					111 of 1,734	6.4			
VII. Incidence of Child Abuse and/or Neglect in Foster Care[8] (for Jan-Sept) **[Standard: 0.57% or less]**					60 of 3,393	1.77					57 of 3,701	1.54			

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the cou
safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been co
groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated," "Unsubstantiated, Other than Intentionally False Reporting " and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim "Other," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added star year. In earlier years there was only the category of Unsubstantiated

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a dispositi period under review. The number shown may include reports received during a previous year that received a dispositio Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest dispo was the subject of an investigation in a particular report. For example, if a report investigated two children, and one ch neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The dis is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determini children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," an a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is services; the unique number counts a victim only once regardless of the number of times services are linked to reports o maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) durin under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The un victim only once regardless of the number of removals that may be reported.

6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of ch neglect. Depending upon State practice, this number may count only those children for whom a case record has been op after the death, or may include a number of children whose deaths have been investigated as possibly related to child ma example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, hous firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the rep also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system

7. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiate “alternative response victim” finding of maltreatment during the first six months of the reporting period, what percentag “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment within a 6-month period. The nur the first six month period and the number of these victims who were recurrent victims within six months are provided. used to determine, in part, the State’s substantial conformity with Safety Outcome #1.

8. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as havin foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of c foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The o these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFC measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care a element is used to determine, in part, the State’s substantial conformity with Safety Outcome #2.

Additional Footnotes

(None)

II. POINT-IN-TIME PERMANENCY PROFILE	Federal FY 1999		Federal FY 2000		Fed
	# of Children	% of Children	# of Children	% of Children	# of Chil
I. Foster Care Population Flow					
Children in foster care on first day of year	2,156		2,154		
Admissions during year	1,683		1,929		
Discharges during year	1,634		1,682		
Children in care on last day of year	2,205		2,401		
Net change during year	+49		+247		
II. Placement Types for Children in Care					
Pre-Adoptive Homes	21	1.0	27	1.1	
Foster Family Homes (Relative)	834	37.8	925	38.5	
Foster Family Homes (Non-Relative)	1,152	52.2	1,245	51.9	
Group Homes	39	1.8	24	1.0	
Institutions	88	4.0	105	4.4	
Supervised Independent Living	0	0	0	0	
Runaway	36	1.6	34	1.4	
Trial Home Visit	3	0.1	3	0.1	
Missing Placement Information	17	0.8	20	0.8	
Not Applicable (Placement in subsequent year)	15	0.7	18	0.7	
III. Permanency Goals for Children in Care					
Reunification	1,236	56.1	1,333	55.5	
Live with Other Relatives	75	3.4	53	2.2	
Adoption	359	16.3	407	17.0	
Long Term Foster Care	155	7.0	140	5.8	
Emancipation	1	0.0	3	0.1	
Guardianship	81	3.7	107	4.5	
Case Plan Goal Not Established	257	11.7	327	13.6	
Missing Goal Information	41	1.9	31	1.3	

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Fed
	# of Children	% of Children	# of Children	% of Children	# of Chil
IV. Number of Placement Settings in Current Episode					
One	871	39.5	887	36.9	
Two	568	25.8	687	28.6	
Three	316	14.3	343	14.3	
Four	176	8.0	180	7.5	
Five	88	4.0	90	3.7	
Six or more	169	7.7	194	8.1	
Missing placement settings	17	0.8	20	0.8	
V. Number of Removal Episodes					
One	1,641	74.4	1,784	74.3	
Two	425	19.3	476	19.8	
Three	99	4.5	100	4.2	
Four	33	1.5	31	1.3	
Five	4	0.2	8	0.3	
Six or more	3	0.1	2	0.1	
Missing removal episodes	0	0	0	0	
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	175	29.8	189	27.8	
	Number of Months		**Number of Months**		**N**
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	13.1		12.2		

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Fed
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# Ch Disc
VIII. Length of Time to Achieve Perm. Goal					
Reunification	1,044	3.2	1,019	2.1	
Adoption	273	24.7	301	25.3	
Guardianship	135	24.8	144	20.0	
Other	161	24.0	199	26.0	
Missing Discharge Reason	21	7.8	19	9.1	
Missing Date of Latest Removal or Date Error[3]	0	NA	0	NA	
Statewide Aggregate Data Used in Determining Substantial Conformity	**# of Children**	**% of Children**	**# of Children**	**% of Children**	**# Ch**
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	793	76.0	837	82.1	
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	129	47.3	130	43.2	
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	1,620	84.3	1,822	85.0	
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	177	10.5 (78% new entry)	197	10.2 (80% new entry)	

III. PERMANENCY PROFILE **FIRST-TIME ENTRY COHORT GROUP**	**Federal FY 1999**		**Federal FY 2000**		**Fede**
	# of Children	**% of Children**	**# of Children**	**% of Children**	**# of Child**
I. Number of children entering care for the first time in cohort group(% = 1st time entry of all entering within first 6 months)	649	77.0	768	82.3	
II. Most Recent Placement Types					
Pre-Adoptive Homes	1	0.2	4	0.5	
Foster Family Homes (Relative)	221	34.1	246	32.0	
Foster Family Homes (Non-Relative)	378	58.2	449	58.5	
Group Homes	29	4.5	22	2.9	
Institutions	8	1.2	18	2.3	
Supervised Independent Living	0	0	0	0	
Runaway	5	0.8	8	1.0	
Trial Home Visit	1	0.2	3	0.4	
Missing Placement Information	6	0.9	17	2.2	
Not Applicable (Placement in subsequent yr)	0	0	1	0.1	
III. Most Recent Permanency Goal					
Reunification	356	54.9	422	54.9	
Live with Other Relatives	1	0.2	1	0.1	
Adoption	21	3.2	36	4.7	
Long-Term Foster Care	2	0.3	2	0.3	
Emancipation	1	0.2	0	0	
Guardianship	2	0.3	8	1.0	
Case Plan Goal Not Established	241	37.1	289	37.6	
Missing Goal Information	25	3.9	10	1.3	

III. PERMANENCY PROFILE **FIRST-TIME ENTRY COHORT GROUP (Continued)**	**Federal FY 1999**		**Federal FY 2000**		**Fede**
	# of Children	**% of Children**	**# of Children**	**% of Children**	**# of Child**
IV. Number of Placement Settings in Current Episode					
One	405	62.4	439	57.2	
Two	153	23.6	207	27.0	
Three	46	7.1	70	9.1	
Four	19	2.9	16	2.1	
Five	10	1.5	8	1.0	
Six or more	10	1.5	9	1.2	
Missing placement settings	6	0.9	19	2.5	
V. Reason for Discharge					
Reunification/Relative Placement	323	92.8	361	91.9	
Adoption	5	1.4	3	0.8	
Guardianship	2	0.6	12	3.1	
Other	16	4.6	12	3.1	
Unknown (missing discharge reason or N/A)	2	0.6	5	1.3	
	Number of Months		**Number of Months**		**Nu**
VI. Median Length of Stay in Foster Care	7.7[4]		7.8[5]		

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY99, FY00, and FY 01 counts of children in care at the start of the year exclude 42, 45, 51 children, They were excluded to avoid counting them twice. That is, although they were actually in care on the first also qualify as new entries because they left and re-entered again at some point during the same reporting p avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the r record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,*rather than the statutory time frame for initi termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot d *date the child is considered to have entered foster care*as defined in the regulation. We used the outside da determining the *date the child is considered to have entered foster care*, which is 60 days from the actual re

[3]Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/

[4] This First-Time Entry Cohort median length of stay was 7.7 months in FY99. This includes no children w and exited on the same day (who had a zero length of stay. Therefore, the median length of stay was not af any "same day" children.

[5] This First-Time Entry Cohort median length of stay was 7.8 months for FY00. This includes no children w and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was not a any "same day" children.

6 This First-Time Entry Cohort median length of stay is 7.7 months for FY01. This includes no children wh and exited on the same day (they had a zero length of stay). Therefore, the median length of stay was not any "same day" children.

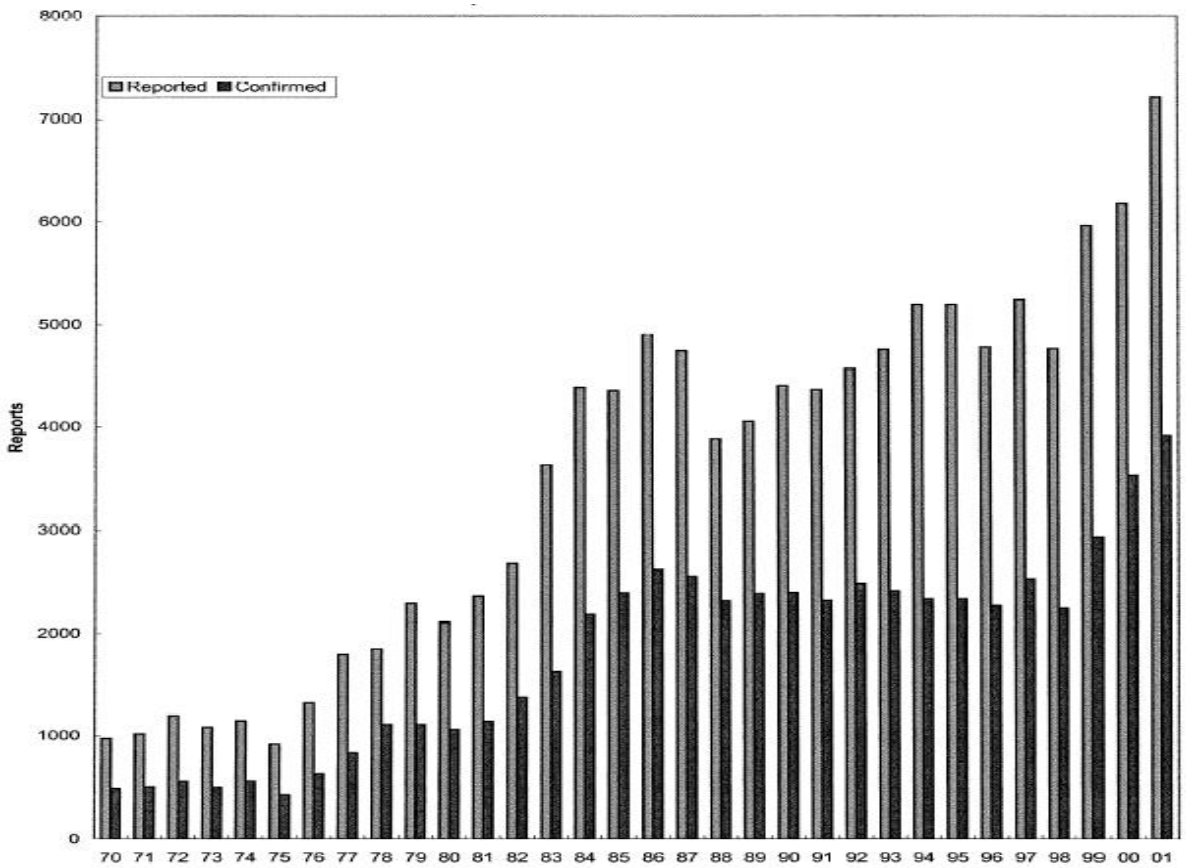
SECTION IV: NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

A. Safety

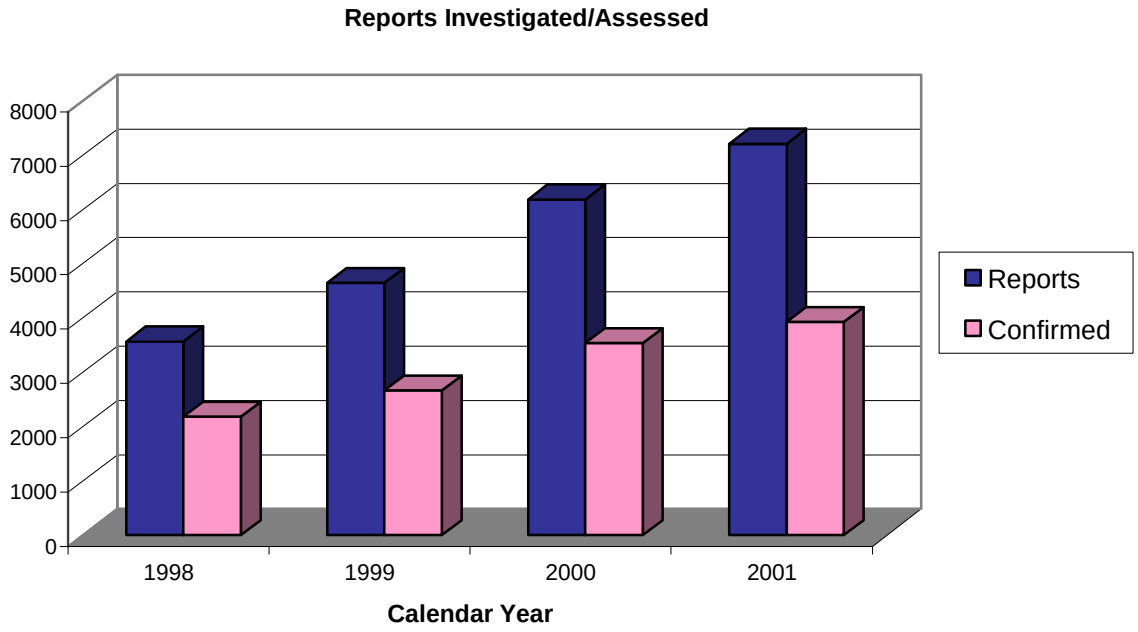
FEDERAL STANDARD:
Outcome S1: Children are, first and foremost, protected from abuse and neglect. [Protection]
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate. [Family Preservation.]

Hawaii has seen a sharp rise in the number of children reported for child abuse and neglect (CAN) or risk of CAN from 1998 to 2001

Heightened public awareness following media attention on several high profile cases and the impact of the growing problem of substance abuse in communities in general, and use of crystal methamphetamines (or "ice") in particular, on child safety are reflected in the marked increase in reports investigated/assessed and confirmed. *Report* here means each child-report that is investigated or assessed. A child is counted each time he or she is the subject of a report that is investigated or assessed.



The number of reports investigated/assessed doubled (+102%) from 1998 to 2001. The numbers confirmed increased +80% from 1998 to 2001. However, due to economic and state fiscal constraints, staffing resources and funding for services for these children and families did not experience a same rate of growth.



	1998	1999	2000	2001
Reports investigated/assessed	3,568	4,646	6,184	7,210
Confirmed	2,185	2,669	3,533	3,930
Confirmed incidence rate (per 1000 children)	7.3	9.2	11.9	13.2

The impact of doubled growth in the numbers coming through the protective service door are being felt in the foster care system, with the number of children entering foster care (2,193) in FFY 2001 exceeding the number exiting (1,920) thereby placing greater demands on the recruitment, licensing and retention of foster homes. Earlier efforts, up to FFY 1999, had brought the ratio of children entering care to children exiting in a given year to 1:1. The numbers in FFY 2000 and 2001 are showing a shift in the trend from a 1:1 ratio towards a 2:1 ratio, if unchecked. What the numbers are telling us is that our efforts to move more children to permanency (reunification, adoption or guardianship) have been relatively constant but we now have to pay equal or greater attention to the front end or the build up of children in foster care will adversely affect safety, permanency and well-being outcomes for children. [Note: Different federally-required reporting years are used to capture CAN reporting and foster care data.]

Historically, Hawaii's incidence rate of confirmed CAN per 1000 children has been lower than the national rate. We attribute that to the value placed, in our local culture, on family

connections ("ohana") as a protective factor. In 2001, for the first time, Hawaii's CAN incidence rate - 13.2 per 1000 children - was **greater** than the national rate – 12.4 per 1000. The numbers serve to red flag the issue and support what CWS workers have been saying about the impact of "ice", poly-substance abuse and domestic violence on families they are seeing coming through the CWS door.

Breakdown By CWS Section - 2001:

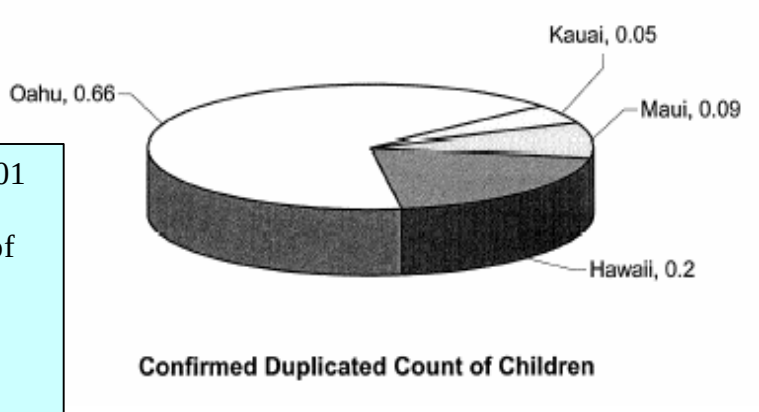
	Special Services Section	Diamond Head Section	Central Section	Leeward Section	Oahu Total
Report investigated/assessed	899	1437	888	1447	4671
Confirmed	511	736	555	808	2610
Confirmation Rate (%)	57	51	63	56	56

	East Hawaii Section	West Hawaii Section	Kauai Section	Maui Section	Unspecified Section	State Total
Report investigated/assessed	773	613	468	654	31	7210
Confirmed	386	373	210	336	15	3930
Confirmation Rate (%)	50	61	45	51		55

Breakdown By County - 2001:

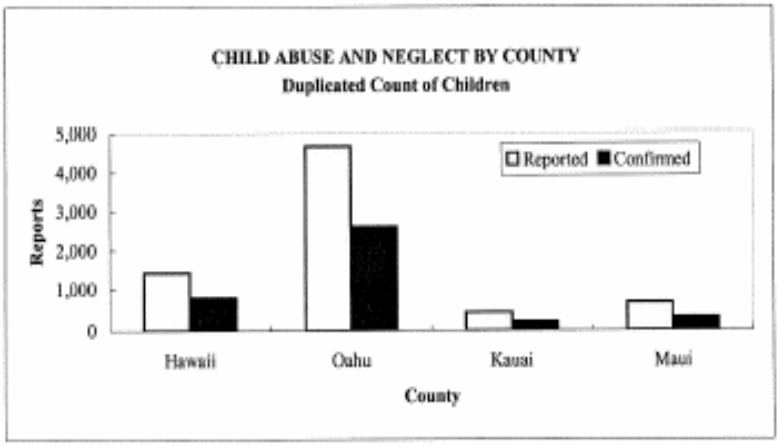
	Hawaii	Oahu	Kauai	Maui	State
Report investigated/ assessed	1,415	4,672	468	655	7,210
Confirmed	774	2,609	210	337	3,930
Confirmation Rate	55%	56%	45%	51%	55%

Percentage of confirmed reports by county - 2001



The majority of confirmed reports in 2001 were on Oahu.

66% Island of Oahu (City & County of Honolulu)
20% Hawaii County
9% Maui County
5% Kauai County



The incidence rate of confirmed CAN or threat of CAN per 1000 children in the population, however, suggests that children in Hawaii County, followed by Kauai County, are at greater risk for CAN or threat of CAN.

Island	2001 Incidence Rate	2001 Confirmed Reports	2000 Census Child Population	2001 Child Pop.
Hawaii	19.9 per 1000 children	774	38,852	--
Kauai	13.6 per 1000 children	210	15,443	--
Maui/ Molokai/ Lanai	10.3 per 1000 children	337	32,711	--
Oahu	12.5 per 1000 children	2,609	208,758	--
STATE	13.2 per 1000 children	3,930	295,767	298,000
NATION	12.4 per 1000 children			

[NCANDS 2001; 2000 Census; CPSS]

Age of Victims - More Infants Reported and Confirmed for Maltreatment or Risk of Maltreatment.

The number of infants (under 1 year of age) who were confirmed victims of maltreatment or risk of maltreatment ("threatened harm") increased from 358 (13.4% of victims) in 1999 to 563 (14.3%) in 2001. The numbers are reflective of the growing number of drug-exposed infants coming through the protective services door.

	CY99	CY00		CY01	
# of confirmed victims of maltreatment or risk of maltreatment under 1 year of age	358	482	+124	563	+81
% of total victims of maltreatment or risk of maltreatment	13.4%	13.6%		14.3%	

Percent of total victims of maltreatment or risk of maltreatment in 2001 who were infants (under age 1):

Nationally: 9.4%
HAWAII 14.3%

Only 2 states reported a higher percentage of their maltreatment victims as infants:

New Jersey 15.2%
Arizona 18.8%

[Data: NCANDS 2001]

It should be noted that during SFY 2000 (July 1999 – June 2000) Hawaii's Healthy Start Program expanded hospital-based, universal screening at birth to identify families at high risk for adverse infant/child outcomes (primarily CAN) from 60% to full statewide coverage. This early identification and early intervention initiative along with state mandated reporting requirements for hospital staff may also be factors influencing the growth in infants reported to CWS.

Maltreatment Type Trend

With the increasing number of reports where substance abuse is suspected and with the increasing number of substance exposed infants being reported, we have seen a shift in the pattern of maltreatment types, with notable increases in threatened harm (usually drug-exposed infant reports are confirmed for threatened harm) and neglect. Prior to 1999, there tended to be more confirmed physical abuse reports than neglect.

With training and increased awareness of the trauma experienced by children who witness domestic violence, there has been growth in the rate of confirmed emotional/psychological abuse as well.

Maltreatment Type of Child Victims (%), Hawaii	1998	1999	2000	2001	
Threatened harm	69.2	84.8	84.3	81.1	
Neglect	8.3	8.1	14.6	15.4	
Physical abuse	10.4	6.5	13.7	13.3	
Sexual abuse	6.6	5.3	7.0	6.9	
Emotional abuse	2.0	1.6	3.2	4.1	
Medical neglect	1.1	0.6	1.6	1.8	
Unknown	2.3	--		--	
TOTAL %	100.0	106.9	124.4	122.6	Sum may exceed 100% because a child may
Number	2185	2669	3533	3930	have multiple harms

Maltreatment Types (%), Nationally – 2001 [NCANDS 2001]	
Neglect	57.2
Other (including threatened harm)	19.5
Physical abuse	18.6
Sexual abuse	9.6
Psychological/ emotional abuse	6.8
Medical neglect	2.0
Unknown	0.3

Disposition

At the completion of fact-finding (investigation/assessment), the department must make a clear decision (disposition) as to whether the report of harm or threat of harm has been confirmed, unconfirmed or unsubstantiated.

"Unconfirmed" means that **"reasonable, foreseeable risk"** (level of evidence required) to the safety of a child who is the subject of an abuse or neglect report cannot be established.

"Unsubstantiated" means that the statements or materials contained in the child abuse or neglect report were frivolous or made in bad faith.

Hawaii's confirmation rate (54.5%) in 2001 was higher than the national rate (32.4% for *Substantiated, Indicated* and *Alternative Response-Victim* combined).

[NOTE: Hawaii's disposition of "confirmed" is equivalent to federal terminology for *Substantiated + Indicated + Alternative Response – Victim* (where CWS assessment confirms CAN with risk level assessed as LOW/MODERATE, closes the case and refers to diversion for

follow-up). Hawaii's disposition of "unsubstantiated" is equivalent to federal terminology for *Intentionally False*. Hawaii's disposition of "unconfirmed" is equivalent to federal terminology for *Unsubstantiated*.]

Federal Disposition Terminology	Hawaii	National Average
Substantiated	54.5%	28%
Indicated		3.4%
Alternative Response – Victim		1.0%
Alternative Response – Non-victim		4.9%
Intentionally False		0.0%
Closed with no finding		1.2%
Other		2.7%
Unknown		0.4%
Unsubstantiated	45.5%	58.4%

[NCANDS 2001]

In February 1999, Hawaii implemented statewide use of a tested, validated risk assessment tool developed in consultation with the National Resource Center on Child Maltreatment. The tool is intended to help guide risk determination and assign an appropriate level of response.

Hawaii's 14 Safe Family Home Guidelines for assessing safety concerns was incorporated into state law (HRS 587, Child Protective Act) in 1983. This law has been considered by many a model law for ensuring that the criteria used to guide CWS social worker decisions on the safety of a home are the same criteria used by family court in carrying out judicial review and decision-making. Both assessment tools are used to assist CWS workers in determining risk factors, assessing safety concerns, making safety decisions and developing safety and service plans.

Confirmation rates for each of the islands are relatively the same as the overall state rate, except for Kauai, which has a slightly lower rate.

Screening of Referrals to CWS Intake - Screened In and Screened Out Rate

States are to voluntarily submit data to NCANDS each year on referrals to Intake alleging CAN and intake decisions to screen in or screen out the referral. A *referral*, or intake report, is notification to CWS of suspected child maltreatment. This can include 1 or more children. *Screened-in referrals* are intake reports that meet the state's standards for accepting a child maltreatment referral. *Screened-out referrals* are intake reports that do not meet the standards.

Hawaii's policy and procedures require all intakes to be logged into the CPSS Intake Subsystem.

The IU61 screen (Intake Disposition Screen) documents whether an intake was accepted for investigation/assessment (screened in) or not accepted (screened out).

Hawaii reported that it received 19,298 referrals, or intake reports, in 2001 and accepted only 17% (3,298) of those intake reports for investigation, compared to 67.3% nationally. Hawaii's

reported information on intake reports received was not correct. It was a "guesstimate" and not supported by information in the CPSS Intake Subsystem. Also, the guesstimate did not respond to the data question posed and instead provided an estimate on all calls received by Intake, including calls that were not referrals of suspected maltreatment. The correct number of referrals, or intake reports, received in 2001 is not available at this time.

Nationally, states reported that, in 2001, more than 2/3 (67.3%) of referrals (or intake reports) received were screened-in, or accepted for investigation/assessment; 32.7% were screened out.

Some of Hawaii's reasons for not accepting a referral, or intake report, for investigation include:

- Non-protection issue; not within the responsibility of the CWS agency and may include referral to other agencies.
- Insufficient information to enable follow-up to be conducted.
- Differential response, or diversion to a contracted agency to provide assessment and referral services for LOW and LOW-MODERATE risk intake referrals.

Year 2001:	Hawaii	National Average	
Screened-in rate (or referrals/intake reports per child population)	11.2	23.9	per 1000 children
# of referrals, or intake reports screened in	3,298		

[NCANDS 2001]

NOTE: Intake report counts are different from the child report counts used for CAN reporting.

In February 1999, Hawaii implemented statewide use of a tested, validated risk assessment tool developed in consultation with the National Resource Center on Child Maltreatment. The tool is intended to help guide risk determination and an appropriate level of response. It allows referrals assessed as LOW and LOW-MODERATE risk to be referred out to DHS diversion programs or other community resources.

Prior to implementation, the department had briefed mandated reporters, stakeholders and community advocates of this shift to differential response due to the growing number of reports and the adverse effect on the department's ability to effectively respond.
Critical decisions are made at intake. As intake workload continued to rise from CY 1999 to CY 2001, at a time of fiscal constraints and restrictive fiscal policies, it became imperative for CWS to maximize intake resources and centralize intake expertise to ensure the availability of quality intake services to all jurisdictions in the state.

In SFY 2002, DHS requested, through the budget process, legislative and Governor's approval of a plan to reorganize and establish a centralized statewide CPS intake unit with a single CPS

hotline number for 24-hour statewide coverage. The plan was approved, is currently being piloted in West Hawaii, and is scheduled for phased implementation in SFY 2004. This action is intended to improve the consistency, reliability and quality of intake services and decisions, including decisions to divert appropriate cases to DHS-contracted diversion programs and other community resources, through sufficient staffing coverage and supervision, and the development and application of a uniform set of operating and decision-making standards.

Calls that do not meet the risk threshold for assignment to investigation/assessment are referred to DHS-contracted diversion program services or to other community resources for services. The department began offering DHS-contracted diversion program services statewide in SFY 2000. In SFY 2002, the diversion program provided services to 952 families out of the 1138 families statewide referred by child welfare.

Section Intake	Referrals from CPS Intake	Provided diversion services	Not served by diversion
Oahu	442	316	126
East Hawaii	138	155 [17 carryover from previous yr.]	
West Hawaii	176	123	53
Kauai	75	39	36
Maui	307	319 [12 carryover from previous yr.]	
STATE	1138	952	215

During the community briefings held in April 2003, questions were raised by Maui community stakeholders as to why there was such a high referral to diversion in Maui, almost comparable to Oahu. They point to a decline in reports accepted for investigation also.

Investigative Response Time

Hawaii, like other states, has established, in procedures, a time standard for initiating CAN investigation/assessment. Reports initially screened at intake as HIGH or SEVERE risk require immediate response, within 2 to 24 hours. Reports not considered as HIGH or SEVERE are classified as needing response within 5 working days.

Hawaii defines response time as time between the log-in of a call from a reporter alleging maltreatment to face-to-face contact by the CWS social worker with the alleged victim. NCANDS defines response as "time between the log-in of a call from a reporter alleging maltreatment to face-to-face contact with the alleged victim, where this is appropriate, or to contact with another person who can provide information." Hawaii's policy on investigative response is more restrictive.

National average	2 days
Hawaii	11 days

[Source NCANDS 2001]

In discussions with supervisors regarding the data, they explain that workers are actually responding immediately but may not be able to locate the child or family, so they may not be able to make face-to-face contact with the child but have started the investigative/assessment process and have contacted others who can provide information. In West Hawaii, workers have reported that the police have asked CWS staff not to make contact with the child until a forensic interview with the child is set up at the Children's Justice Center. Thus, the West Hawaii social worker may not have been able to make face-to-face contact with the alleged victim, due to an agreement with the county police; they have, however, made contact with the police who are jointly investigating the report.

Hawaii's rules and procedures are currently being updated to conform with ASFA and CWS is re-examining its restrictive response time definition.

Cases Opened for Services

The CFSR Data Profile indicates that Hawaii tends to open proportionately more child cases for services than the national average. In 2001, **83.1%** (3,264 out of 3,930) of Hawaii's confirmed child reports were opened for post-investigation services.

In Hawaii, cases are opened for services in one of 2 ways – through client acceptance of services on a voluntary basis or by order of the court. Some cases are confirmed and closed (e.g., because perpetrator is out of the home and mother is protective, etc).

Services can be offered to families before the investigation/assessment is completed through an ***Interim*** Family Service Plan (FSP) agreement signed by the parties and ordered by the court. The Interim FSP is designed to be short-term, limited to 6-8 weeks. The short time frame is to allow the family to engage in services while a more thorough assessment is conducted and completed by the CWS worker. With the shortened decision-making timeframes under ASFA, DHS policy encourages *frontloading services*, or early involvement of families in services. Hawaii data for 2001 indicate that 64.8% of the families investigated but not confirmed received services compared to the national average of 28.8%.

Time to Services

The average number of days to services was 7. The national average, in terms of number of days to services was 36. This again is reflective of Hawaii's policy to frontload services because of ASFA's shortened decision-making timeframes.

DHS services, including POS contracted services, are generally available on a statewide basis, thereby promoting access and availability for frontloading services.

Cases Entering Foster Care

Hawaii: In 2001, less than half (48.6%) of the confirmed CAN reports resulted in children being removed from the home/entering foster care. This trend is consistent throughout the 3-year period from 1999 to 2001. Also, 13.1% of the unconfirmed reports involved children being removed from the home/entering foster care.

Nationally, 19% of the substantiated reports resulted in children being removed from the home/entering foster care; 4.7% of the unsubstantiated reports involved children being removed from the home/entering foster care.

Discussions with supervisors suggest that the high rate of removals is reflective of the multiple and complex needs of the families coming to CWS attention, many of whom are affected by layers of issues including substance abuse (particularly "ice"), domestic violence, and other challenges. These issues are often not quickly or easily resolved, and tax the capacity of the service system to provide appropriate home-based services that would allow children to remain safely in the home.

A CWS supervisor commented that there is a need for intensive home-based services for families in his geographic area of service (Leeward Oahu). He felt the service was effective in placement prevention and was concerned that DHS no longer contracts for this service.

The high rate of removals has taxed recruitment, licensing and match efforts to meet the demand for suitable, appropriate homes.

Child Deaths Due to CAN

In CY 2001, there were 3 child deaths due to suspected CAN assigned for investigation. All were infants under the age of 1. Two of the reports involved drug use by mother. One was a case where the infant died 2 days after the report was made and after discharge from the hospital. The case was referred to the multidisciplinary team for review, in accordance with state law and procedures. That same case was also referred to the Felony Physical Abuse Task Force for team review as the medical examiner classified the case as a homicide. The third report involved a teenage father and the cause of death was aphyxiation due to suffocation, under suspicious circumstances. The medical examiner classified the manner of death as undetermined. Teen father and infant were previously known to CWS.

Recurrence of Maltreatment

Hawaii's recurrence rate of 7.1% is not in conformity with the national standard (6.1% or less).

The range and median for reporting states:

LOW	2.8%	[Delaware, Pennsylvania]
National Standard	6.1%	
Hawaii	7.1%	
MEDIAN	7.7%	
AVERAGE	8.9%	
HIGH	14.1%	[New York]

[NCANDS 2001; CW Outcomes 2001 (February 3, 2003)]

Recurrence Outcome - FFY 2001

Location	Unit	National standard (%)	**Recurrence rate (%)**	# of confirmed reports in 1st half of FFY01	# with another confirmed report within 6 months after
STATE		**6.1 or less**	**7.1**	1661	119
EHI			**10.8**	**147**	**16**
WHI			**9.2**	**184**	**17**
Kauai			**10.8**	**101**	**11**
Maui			**7.9**	**164**	**13**
Oahu:					
SSS*			**3.6**	**250**	**8**
Leeward			**5.2**	**309**	**16**
Diamond Head			**6.9**	**329**	**23**
Central			**7.6**	**184**	**14**

* Handles Oahu sex abuse assessment & case management services

We are currently reviewing each of the 119 recurrence cases. The review is not complete but of the 50 reviewed to date, half were not recurrences but delayed disclosure or discovery. We believe once a process is set up to tag delayed disclosure and reports that are duplicative of the first report and part of discovery, Hawaii will be in conformance with this standard. Hawaii currently does not have in CPSS a data field for incident date or a field to somehow distinguish duplicative reports, delayed disclosure from recurrences.

Incidence of CAN in Foster Care

Hawaii's incidence rate of CAN in foster care, as corrected, is 0.95% and is not in conformity with the national standard (0.57% or less).

The range and median for reporting states:

LOW	0.0%
MEDIAN	0.42%
Hawaii	0.95% (corrected)
HIGH	1.62%

[CW Outcomes 2001 (February 3, 2003)]

Institutional Abuse FFY 2001

Location	Unit	National Standard (%)	Rate (%) of children maltreated while in foster care from Jan - Sep	# of children in foster care, Jan-Sep	# maltreated while in foster care, Jan-Sep
STATE		**0.57 or less**	**1.47**	**4080**	**60**
STATE (corrected)			**0.95**	**4105**	**39* (38)**
EHI					2
WHI					4
Kauai					0
Maui					0
Oahu:					
SSS					1
Leeward					15* (14)
Diamond Head					12
Central					5

* NOTE: The numbers have gone down from 39 to 38 and 15 to 14 respectively as the decision confirming institutional abuse was appealed and overturned. The decision is now unconfirmed.

This is another measure that we need more time to review each case more closely. We suspect that some of these may be threat of harm due to lack of supervision cases, where the perpetrator was a foster child requiring a higher level of supervision.

The 38 confirmed reports of maltreatment while in foster care, were in the following types of licensed foster homes:

19	general licensed foster homes
12	child-specific licensed foster homes, non-relative
6	child-specific licensed foster homes, relative
1	child placing organization (CPO) foster home

SECTION:	TOTAL	General licensed foster home	Child-specific licensed foster home, non-relative	Child-specific licensed foster home, relative	Child placing organization (CPO) foster home
East Hawaii	2	1	1		
West Hawaii	4	3		1	
Kauai	0				
Maui	0				
Oahu:					
Special Services	1	1			
Leeward	15* (14)	7	3	4* (3)	1
Diamond Head	12	5	5	2	
Central	5	2	3		
TOTAL:	39* (38)	19	12	7* (6)	1

* NOTE: The numbers have gone down from 15 to 14 and 4 to 3 respectively as the decision confirming institutional abuse was appealed and overturned.

B. Permanency

FEDERAL STANDARD:
Outcome P1: Children have permanency and stability in their living situations.
Outcome P2: The continuity of family relationships and connections is preserved for children.

Placement with Relatives

In FFY 2001, the largest percentage of children in Hawaii are placed in non-relative foster homes (53.1%). Compared to other states, Hawaii also has a high percentage of children placed with relatives (37.4% compared to 22% nationally).

Hawaii also has fewer children in group homes and in institutions.

	Hawaii	Nation
% in group homes	1.1%	7.8%
% in institutions	2.6%	9.8%

Goal

Reunification is by far the most common goal for Hawaii's children in foster care (50.7%). Adoption is the second most common goal (16.2%).

Timely Reunification and Timely Adoption

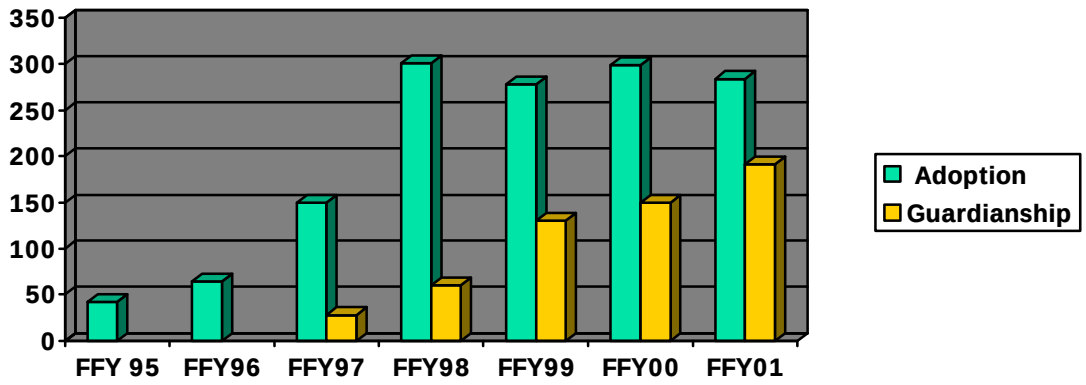
Hawaii is in conformity with the national standards for timely reunification and timely adoption.

Back in FFY 1995, Hawaii had a backlog of children who were free for adoption but stuck in foster care. Only 42 children a year exiting foster care through adoption. For every 2 children entering foster care, only 1 was exiting the system.

In FFY 1998, the department attained the highest percentage increase, 249%, in completed adoptions in the nation and was awarded $1,102,000 in federal adoption incentive funds for performance. By then, back end efforts to move children into permanent homes had helped to stabilize the foster care population. For every child entering foster care there was 1 child exiting the system. By FFY 2000 we started to see a change in the flow. While the number of discharges remained relatively flat, the number of admissions began to show significant growth. The strategy to control an overloaded system now has to shift to the front end. The growth in foster care admissions is largely attributable to the influence of drug abuse on the safety of children entering the CWS system. CWS drug court is one of the strategies being implemented to help control the situation.

Hawaii continues to perform at levels well above the FFY 1997 baseline but was not able to exceed in FFY 1999, FFY 2000 and FFY 2001 its FFY 1998 performance.

No. of children exiting foster care through adoption (AFCARS data)	Actual Performance
FFY 1995	42
FFY 1996	64
FFY 1997	150
Baseline (aver. for FFY 1995 to 1997)	**85 (aver.)**
FFY 1998	301
FFY 1999	278
FFY 2000	299
FFY 2001	284



Many parties helped in this achievement. Judge Bryant Jr. of Oahu Family Court believed that increasing community involvement is key to finding safe permanent homes for children. He helped bring together DHS, the Annie E. Casey Foundation, Child and Family Services, the military family advocacy program, Geist Foundation, Rotary Club, Junior League and Friends of Foster Kids to Implement the Adoption Connection. A media campaign was launched to raise the level of adoptive consciousness in Hawaii. Adoptions Fairs were held. DHS reviewed its internal processes and identified internal logjams and ways to expedite the process. DHS contracted for private home studies to supplement those conducted by staff.

CWS also worked with Family Court and the Attorney General office to streamline the adoption process. Back in 1999, CWS was continuing to experience difficulties in completing adoptions because we did not have the medical information required to file an adoption petition. Adoption was often delayed because of the need to search, backtrack and locate medical information when both parents may no longer be available. Judges were very concerned about the delays and imposed stiff fines on CWS (up to $10,000).

CWS made concurrent permanency planning part of standard operating procedures. Part of this concurrent work is to obtain the required medical information from parents upfront on every court case, regardless of the case goal at the time. The Attorney General included language in each court order to require parents to provide us with medical information and medical record release, and to share prenatal and birth information for the child within 30 days.

Number of Placement Settings

Location	National Standard (%)	Rate (%) of 2 or less placement settings for kids in care less than 12 mths	Rate (%) of 3 or more placement settings for kids in care less than 12 months	Rate (%) missing info	# in care less than 12 months (base)	# in care less than 12 months with 2 or less placements	# in care less than 12 months with 3 or more placements	# missing info
STATE	**86.7 or more**	**85.9**	**12.7**	**1.3**	**2409**	**2071**	**306**	**32**
East Hawaii		**87.7**	**9.6**	**2.7**	**301**	**264**	**29**	8
West Hawaii		**87.7**	**9.4**	**2.9**	**171**	**150**	**16**	**5**
Kauai		**87.6**	**10.1**	**2.3**	**89**	**78**	**9**	**2**
Maui		**78**	**20.8**	**1.2**	**182**	**142**	**38**	**2**
Oahu:								
SSS		**87.7**	**9.1**	**3.2**	**154**	**135**	**14**	**5**
Leeward		**87.1**	**12.4**	**0.5**	**598**	**521**	**74**	**3**
Diamond Head		**89.3**	**9.6**	**1.1**	**468**	**418**	**45**	**5**
Central		**81.4**	**18.2**	**0.4**	**446**	**363**	**81**	**2**

Hawaii is not in conformity with this standard. This is another area that we believe with data clean-up we will be in conformance but have not completed the clean-up.

To minimize disruption in children's lives, children should experience a minimal number of foster home placements. A child may be removed from his/her home by the police and turned over to the department who then assumes temporary foster custody. In many situations, an initial emergency shelter placement of up to 30 days, or emergency foster home placement, or short-term emergency placement with relatives, is necessary until more suitable arrangements can be made, preferably with the child's extended family or with one of the department's licensed homes. It takes time to search for relatives willing to provide care and to "approve" their home as safe, and children may have to be placed in foster homes licensed as safe until that time.

Additionally, we have been incorrectly counting hospital stays as a break in the placement setting and in the placement episode to our disadvantage. In other words, if a child leaves a foster home for a short hospital stay and returns to the same foster home, we should not have been counting that as separate placement settings nor should we be counting that as foster care re-entry.

Foster Care Re-entries

Foster Care Re-entry - FFY 2001

National Standard = 8.6% or less

Location	# of children entering care during report period (Oct - Sep)	# of children re-entering care in report period (Oct - Sep) within 12 mths of a prior episode	Re-entry rate (%)	# of months from discharge from prior foster care episode to re-entry: 0	1	2	3	4	5	6	7	8	9	10	11
STATE	**2193**	**239**	**10.8**	**72**	**33**	**25**	**26**	**13**	**13**	**9**	**17**	**8**	**7**	**5**	**10**
East Hawaii	268	30	11.2	8	5	3	1	3	4	1	3	0	1	0	1
West Hawaii	163	8	4.9	1	1	1	2	0	0	2	0	0	1	0	0
Kauai	85	14	16.5	5	1	2	0	4	1	0	1	0	0	0	0
Maui	160	31	19.4	7	2	8	2	4	5	0	2	1	0	0	0
Oahu:															
SSS	139	15	10.8	3	3	2	2	0	0	0	2	2	1	0	0
Leeward	544	47	8.6	21	5	5	5	1	1	2	4	1	0	0	1
Diamond Head	439	64	14.6	18	9	2	8	1	1	3	5	1	4	4	8
Central	395	30	7.6	9	7	2	6	0	1	1	0	3	0	1	0

Hawaii is not in conformity with this standard. If you look at the high number of re-entries within less than a month, some of which are on the same day, we suspect that these are data errors.

To minimize re-entry due to adoption/guardianship disruption/failure, the department contracted for post-permanency support services. In SFY 2001, Title IVB-2 funds ($284,356) were utilized to provide supportive services to 60 adoptive families and legal guardians, and 89 children statewide; 97% of the families completed 1 year of service without placement disruption; 87% of the families demonstrated increased awareness of child's developmental needs; 100% of the children attained measurable improvement in meeting their developmental milestones.

Length of Stay in Foster Care

The median length of stay in foster care for children in care on the last day of FFY 2001 was 11.1 months, down from 13.0 months in FFY 1999.

For the first-time entry cohort group, the median length of stay in FFY 2001 was 6.9 months compared to 7.5 months in FFY 1999.
The shortened length of stay can be attributed to a number of factors, including frontloading of services and concurrent planning efforts.

Reunification

In FFY 2001, 1972 children were discharged from foster care; 62% were reunified with their family.

The numbers suggest that more children are discharged from foster care and returned to their families; and more are being discharged and returned to their families in less than 12 months.

A valuable tool in helping to achieve timely reunification is Ohana Conferencing. The 2001 State Legislature legally recognized it as an important part of child welfare case planning. More than 485 Ohana Conferences were conducted in SFY 2001. As mentioned earlier in this report, an evaluation of the program found that fewer children (1 out of 54) were subject to permanent custody when Ohana Conference was used compared to the non-conference control group (9 out of 30 children). Also, the average time an Ohana Conference case remained open (11.5 months) was less than the average time a non-conferenced case remained open (20 months).

[It should be noted that Ohana Conference also helped Hawaii's performance in timely permanency by facilitating 43 legal guardianships and 7 adoptions.]

Foster care re-entry data is suggestive that children may be coming back into foster care from reunification and if so, Hawaii's re-entry rate from reunification may be consistent with the pattern of relapse that is part of the pattern of recovery for substance abusers.

It is interesting to note that the Leeward CWS Section, which has high usage of Ohana Conference, also has a relatively low foster care re-entry rate.

We have not been able to clean up what appears to be false foster care episodes due to coding errors.

	FFY 1999	FFY 2000	FFY 2001
Total # discharged from foster care	1700	1768	1972
# discharged to reunification	1032	1022	1225
Rate of discharges from foster care where reunification was the reason for discharge	60.7%	57.8%	62.1%
Of the # discharged to reunification, what % was reunified in less than 12 months from time of latest removal National standard: **76.2% or more**	74.6% (781 children)	80.4% (848)	78.6% (990)
Foster care re-entry rate (re-entry within within 12 months of a prior episode) National standard: **8.6% or less**	10.8%	10.7%	10.4%

Preserving Connections

DHS tries to find homes able to take siblings together but that sometimes is a difficult task, especially with large sibling groups.

Hawaii's judges understand the importance of connections and often order frequent parent-child and sibling visitations. DHS contracts for supervised visitation services. Project Visitation, a collaboration with the Oahu Family Court, Na Keiki Law Center, Friends of Foster Kids and trained volunteers from the community, has helped to "unburden an overloaded government system" by making it possible for separated sibling groups to spend time together at least once a month.

Preserving connections with family (maternal and paternal family) and community for children is integral to Ohana Conferencing.

Preserving the culture and values unique to Hawaii for children is also integral to Ohana Conferencing. Over 40% of the children in care are Hawaiian/part-Hawaiian.

C. Child and Family Well-being

FEDERAL STANDARD:

Outcome WB1: Families have enhanced capacity to provide for their children's needs.
Outcome WB2: Children receive appropriate services to meet their educational needs.
Outcome WB3: Children receive adequate services to meet their physical a nd mental health needs.

Families Have Enhanced Capacity to Provide for Their Children's Needs

Hawaii's mission and vision are premised on the guiding principle of strengths-oriented, family empowering practice. This value is reinforced in our policies, procedures and training program.

Responses from birth parents (46) participating in a qualitative study conducted through focus groups were generally favorable, where at least half or more responded favorably:

- ✍ 89% Knew why they were involved with CPS (full disclosure)
- ✍ 71% Had regular, monthly contact with the worker
- ✍ 63% Were involved in developing the case plan
- ✍ 55% Were involved in developing an assessment of the family situation
- ✍ 54% Were provided with feedback about progress
- ✍ 50% Felt the case plan/review process helped meet the goals
- ✍ 50% Were able to work with the social worker to have children returned
- ✍ 44% Were able to work with the social worker to have children maintained in the family home
- ✍ 40% Children were returned in a timely manner

However, some of the responses were not at a sufficient level indicative of consistent practice.

Educational Status of Children

The Safe Family Home Guidelines, in state statute, require CWS workers to initially and periodically, at 6-month intervals, assess the educational status and needs of the child in assessing the safety of the home. When jurisdiction is established, judges and GAL also review the educational status of children.

Health Care for Children

All children, after face-to-face contact and social work investigation/assessment, who are **assessed as HIGH or SEVERE risk** on the DHS 1517, Child and Family Assessment Matrix, are required to be medically examined to determine the extent of harm and to determine the type of treatment necessary to insure their safety and well-being.

In addition, for admission into foster care, a **pre-placement physical examination** (PPE) is required. The child is to be examined by a licensed physician within 48 hours prior to placement or, in emergency situations, within 24 hours after placement.

For admission into a group home or child caring institution (CCI), the physician examination may be done 2 weeks prior to admission.

Within 45 days of initial placement, the foster parent/relative caregiver is to arrange and take the child to a physician to complete a **comprehensive health assessment** (including immunization review and administration, physical exam, oral health exam, blood work, developmental

assessment, drug/alcohol screen, if needed, behavioral assessment and mental health referral, if indicated).

If initial developmental screening indicates a need for further assessment for developmental delays for infants and toddlers under 3 years of age, a referral shall be made to H-KISS, the Hawaii Zero-to-Three Keiki Information Service System, so that a care coordinator can be assigned to assess, monitor and track the child's developmental and health needs and services.

If child is age 3 to 5, referral is made to Preschool Developmental Screening. The Department of Education (DOE) will conduct assessment for school-age children, and may take 3 to 4 year olds if a problem has been identified.

If there is a medical condition, referral can be made to the Public Health Nursing Branch (PHNB) for assessment and care coordination.

Children in care are also required to have an **annual physical examination** (or at the frequency recommended by the child's primary care physician).

Because foster children are more likely to have developmental delays, behavioral problems, emotional disorders, and suffer from poor dental health and skin problems, and because it is beneficial to have a physician trained in child abuse conducting the initial comprehensive evaluation, the **CARE (Children At Risk Evaluation) Program** was jointly developed by the Kapiolani Medical Center and DHS to do the following:

- ✍ Conduct forensic medical evaluation for children reported to CWS
- ✍ Conduct pre-placement physical examination for children entering foster care with documentation of injuries and further tests as needed
- ✍ Conduct a comprehensive health evaluation for children new to foster care
- ✍ Conduct a thorough physical, developmental and behavioral evaluation of the child, and make appropriate referrals
- ✍ Gather and organize medical information – obtain past health records, including birth records, immunizations and blood work; organize all the health information into a written report that will be sent to the foster parent, the child's primary care physician and the CWS social worker
- ✍ Referral to a regular doctor (primary care physician) for ongoing care.

Mental Health Care for Children

CWS can access mental health services through different venues:

- ✍ A referral can to be made to DOE School-based Behavioral Health (SBBH) Services for assessment and care coordination
- ✍ A referral can be made to the Department of Health (DOH) Children and Adolescent Mental Health Division (CAMHD), a QUEST health plan, to determine if the child is SEBD (serious emotional and behavioral disturbance) eligible and is entitled to receive appropriate CAMHD intensive mental health services.

- ✍ A behavioral assessment can be conducted by CARE, and CARE can refer to CAMHD for mental health services, if indicated
- ✍ A behavioral assessment can be conducted by the QUEST or Medicaid fee-for-service health plan and treatment services may be obtain from provider under that plan or a referral to CAMHD may be made.

Understanding the new service delivery system for mental health services with QUEST managed care, DOE-SBBH, and DOH-SBED has been a challenge for old-timers and new workers alike.

Section V: STATE ASSESSMENT OF STRENGTHS AND NEEDS

Data Indicator	Description	National Standard	National Median	Hawaii
Safety				
Recurrence of maltreatment (another substantiated report)[1]	Of all children who were substantiated report victims during the 1st 6 months of the period under review, 6.1% or fewer had another substantiated report within 6 months.	6.1% or less	8.8% (CY98) 7.4% (CY99) 7.9% (CY00) 7.7% (CY01)	7.1% (CY98) 6.7% (CY99) 6.4% (CY00) 7.2% (CY01)

[1] State law allows Hawaii to confirm and intervene in cases of threatened harm. Consistent with state law, Hawaii's count of confirmed reports includes confirmed threatened harm.

Of the 1,661 initial confirmed reports in CY 2001 that fell between January–June 2001 (based on the report date), **119** had a second confirmed report within 6 months.

30% (36 out of 119) of the confirmed child victims in the first half of CY 2001 with recurrence within 6 months had the following pattern of recurrence - confirmed threatened harm followed by another confirmed threatened harm report. Another 30% had a pattern of confirmed threatened harm followed by confirmed harm. Further analysis of the data is being conducted to understand "the story behind the numbers."

Recurrence by maltreatment type breakdown:

1st Maltreatment Type	2nd Maltreatment Type	Frequency	Percent
Harm	Harm	32	27
Harm	Threatened Harm	16	13
Threatened Harm	Harm	35	30
Threatened Harm	Threatened Harm	36	30
TOTAL		119	100

Recurrence rate comparison with low-high range states & national median:

Recurrence Rate – Range:	LOW	Delaware	2.8%
		Hawaii	7.2%
	NATIONAL MEDIAN		7.7%
	HIGH	New York	14.1%

Data Indicator	Description	National Standard	National Median	Hawaii
Incidence of child abuse/neglect in foster care (by foster parent or residential facility staff)	Of all children in foster care in the state during the period under review, the percentage of children who were the subject of substantiated or indicated maltreatment by a foster parent or residential facility staff is 0.57% or less.	0.57% or less	0.7% (CY98) 0.52% (CY99) 0.45% (CY00) 0.42% (CY01)	1.0% (CY98) 1.7% (CY99) 1.5% (CY00)[2] 0.95% (CY01)
Permanency				
Foster care re-entries	Of all children who entered foster care during the year under review, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.	8.6% or less	10.6% (FFY99) 10.3% (FFY00) 10.7% (FFY01)	9.8% (FFY98) 10.5% (FFY99) 10.2% (FFY00) 10.0% (FFY01)
Stability of foster care placements[3]	Of all children who have been in foster care less than 12 months from the time of the latest removal, 86.7% or more children had no more than 2 placement settings.	86.7% or more	83.1% (FFY99) 84.3% (FFY00) 91.2% (FFY01)	82.4% (FFY98) 84.3% (FFY99) 85.0% (FFY00) 83.8% (FFY01)

[2] CY98 = 34 out of 3,528 children in foster care had a confirmed report of CAN where the alleged perpetrator was a foster parent or residential facility staff; CY99 = 60 out of 3,393; CY00 = 57 out of 3,701.
CY01 = 39 out of 4,050

Some of the confirmed reports were "threatened harm" cases where a case was opened for investigation against a foster parent, even though the foster child was harmed by another foster child, because of concern regarding the foster parent's responsibility to protect children placed in their care and supervision.

[3] To minimize disruption in children's lives, children should experience a minimal number of foster care placements from the time they are removed from their home until the time they have found a permanent home. Also, the police may take In many situations, an initial emergency shelter placement of up to 30 days, or emergency foster home placement, or short-term emergency placement with relatives, is necessary until stable, more permanent

Data Indicator	Description	National Standard	National Median	Hawaii
Length of time to achieve reunification	Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children were reunified in less than 12 months from the time of the latest removal from home.	76.2% or more	64.8% (FFY99) 68% (FFY00) 69.9% (FFY01)	73.3% (FFY98) 76.0% (FFY99) 82.1% (FFY00) 80.3% (FFY01)
		? Hawaii is in conformance with this standard		
Length of time to achieve adoption	Of all children who exited foster care during the year under review to a finalized adoption, 32% or more children exited care in less than 24 months from the time of the latest removal from home.	32% or more	24.1% (FFY99) 19.7% (FFY00) 21.0% (FFY01)	27.3% (FFY98) 47.3% (FFY99) 43.2% (FFY00) 51.8% (FFY01)
		? Hawaii is in conformance with this standard		
Child Well-being				
To be developed				

Strengths:

Conformity with the national standard for the permanency outcomes of timely adoption and timely reunification.

Family-centered practice, concurrent permanency planning, Ohana Conference, inclusion of foster parents as partners part of policy and standard operating procedures.

Training supportive of and consistent with the CWS mission, vision, policies and CFSP.

Involvement of many community stakeholders, including Family Court, as partners in program improvement.

The effort to open cases for services and to quickly provide services and supports to families, consistent with shortened decision-making timeframe under ASFA.

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arrangements can be made, preferably with the child's extended family or with one of the department's licensed homes. It should be noted that it takes time to search for relatives willing to provide care and to "approve" their homes as safe, and children may have to be placed in foster homes licensed as safe until that time.

Needs that Warrant Further Examination

Assessment and service planning
Assessed level of risk
Appropriate services – effective, available, accessible – to help families achieve casegoal
Child well-being: educational status; mental health status
Appropriate placement – children with higher level behavioral needs.
Recurrence
Institutional abuse
Investigative response time
Foster care re-entries
Number of placement settings
Impact of crystal methamphetamines; poly-substance abuse

On-Site Review Locations

1. East Hawaii
   - Rural
   - Isolated communities
   - High substance abuse and domestic violence rates
   - Delayed dispositions
   - Staffing vacancies; turnover
   - Highest CAN incidence rate per 1000 children
   - Highest recurrence rate
   - High public assistance

2. Maui
   - Lowest rate of 2 or less placement settings = placement instability
   - Highest foster care re-entry rate
   - Lowest overdue dispositions
   - No institutional abuse by foster parents/residential facility staff; in conformity with national standard
   - High number of referrals to diversion
   - Lowest CAN incidence rate per 1000 children
   - Rural

3. Leeward Oahu
   - One of the lowest recurrence rate; in conformity with national standard
   - High institutional abuse count (15)
   - High rate of 2 or less placement settings; in conformity with national standard
   - Relatively low foster care re-entry rate; in conformity with national standard
   - High substance abuse rate and domestic violence
   - High public assistance
   - Rural
   - Use of Ohana Conferencing

4. Urban Honolulu
   - High institutional abuse count (12)
   - Highest rate of 2 or less placement settings = placement stability; in conformity with national standard
   - High foster care re-entry rate